

Jewish Approaches to End-of-Life Care
Practical Guide for Clergy

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ABSTRACT

The goal of this rabbinical capstone project is to develop a practical guide for clergy to use as a reference when providing pastoral care to patients and families regarding end-of-life care. Judaism offers a rich tradition of many voices on this topic. There is a wealth of information available about the Jewish ethics of end-of-life decision making, illness and healing, and advance care planning.

The guide identifies key issues related to end-of-life care and how Jewish tradition informs our approach to these issues. The guide is comprised of seven chapters: the soul and afterlife in Jewish tradition, the obligation of visiting the sick, textual underpinnings of pastoral work, pastoral visits, advance care planning, end-of-life decision making, and Jewish burial and cremation. Within each chapter, relevant texts and resources are organized into a concise and accessible format. This includes biblical, Talmudic, *midrashic*, and *halakhic* texts as well as contemporary responsa and other secondary sources.

The guide explores the following topics:

- What are the key issues related to end-of-life care and how does Jewish tradition inform our approach to them?
- What concerns do people commonly bring to their clergy regarding end-of-life care?
- From a theological perspective, what is the role of the rabbi in providing pastoral care at end-of-life?
- What are the *halakhic* issues associated with care at end-of-life and what are the corresponding denominational differences in approach?
- How might narrative *midrashim* be introduced in a pastoral setting to place conversations about end-of-life care within a Jewish framework?

INTRODUCTION

The goal of my rabbinical capstone project was to develop a practical guide for clergy to use as a reference when providing pastoral care to patients and families regarding end-of-life care. My experiences as chaplain intern in palliative care, Clinical Pastoral Education (CPE), and as a student rabbi in a congregation gave me an awareness of the importance and complexity of providing pastoral care at end-of-life. Judaism offers a rich tradition of many voices on this topic. There is a wealth of information available about the Jewish ethics of end-of-life decision making, illness and healing, and advance care planning. I felt a need to identify key issues and organize texts and resources into an accessible format so that rabbis could feel prepared to provide pastoral care as a variety of situations arose. The project enabled me to explore the following topics:

- What are the key issues related to end-of-life care and how does Jewish tradition inform our approach to them?
- What concerns do people commonly bring to their clergy regarding end-of-life care?
- From a theological perspective, what is the role of the rabbi in providing pastoral care at end-of-life?
- What are the *halakhic* issues associated with care at end-of-life and what are the corresponding denominational differences in approach?
- How might narrative *midrashim* be introduced in a pastoral setting to place conversations about end-of-life care within a Jewish framework?

As part of my research, I conducted interviews with rabbis to help me define the key issues and areas of focus for the project. I interviewed three congregational rabbis, five rabbis working as chaplains (in hospital, hospice, and nursing facility settings), and an individual with professional experience in advance care planning.

I asked them:

1. What are the common issues / concerns / challenges that arise for Jewish families regarding end-of-life care and decision-making?
2. What do you see as the role of the rabbi in supporting families during this time?
3. What texts and liturgy inform your approach to end-of-life care?
4. What resources have you found useful?

I am grateful that I was able to participate in *What Matters: Caring Conversations About End of Life* facilitator training. This also provided important insight and perspective as background for the project.

The material is organized as a practical guide, identifying key issues within each topic and providing texts and resources.

CHAPTER 1: Soul and Afterlife in Jewish Tradition

According to Rashi, the death of Sarah immediately follows the binding of Isaac because upon hearing that her son had been prepared for slaughter, Sarah's soul flew from her and she died.¹

Guiding Questions

- *What does Jewish tradition teach about the soul and the afterlife?*
- *How has Jewish eschatology developed over time?*

When a rabbi is asked “What does Judaism teach about what happens when we die?” or “What do Jews believe about the afterlife?” the response is not a short or simple answer. It is not possible to know with certainty what happens when we die. It is a mystery that is beyond our ability to fully comprehend. There is space within Jewish theology for a diversity of views on the nature of the soul and the afterlife.

Some people find tremendous comfort in the belief that they will live on through their children, grandchildren, and future generations. They want to be remembered by loved ones. “Love doesn't die, people do,”² can be a powerful affirmation of the enduring connection. Many who have lost a loved one connect with the image of light and the stars shining in the sky. It can be meaningful to reflect on how the memory of their loved one continues to shine and illuminate love into their life. Others believe that their memory lives on through the legacy that they leave, in how they lived their lives. They want to be remembered for all of the goodness and blessing that they brought into the world.

¹ Rashi on Gen. 23:2

² Merrit Malloy “Epitaph” in Frishman, *Mishkan T'filah*, 592.

In contrast to the focus on salvation of the soul within Christian tradition, with its clearly articulated vision of Heaven and Hell, Judaism emphasizes our actions in this world. To be sure, there is a concept of an afterlife, *Olam Haba*, the World-to-Come, but it is a generally vague and not well defined idea. It is intentionally not in the forefront of contemporary focus. Jewish practice places importance on the *mitzvot* that we do in our lives that leave a positive legacy in this world, on *Tikkun Olam*, *Tzedakah*, and *Gemilut Chasadim*. The motivation for our actions is often described as for the sake of this world. Yet there is a rich tradition within Judaism about *Olam Haba* and how it might come about, how one attains it, etc. "...Judaism, although primarily concerned with the miracle of life, does not ignore the mystery of death..."³ Jewish practices and actions are expressions of beliefs and values. Abraham Joshua Heschel taught that "A Jew is asked to take a leap of action rather than a leap of thought." Judaism is not defined by a specific set of beliefs, and this includes beliefs about the afterlife.

Strange as it may appear, despite the historic near-unanimity of scholarly opinion on the fundamental belief, the practical details of immortality are ambiguous and vague. There is no formal eschatology in Judaism, only a traditional consensus that illuminates the way. The veil has never been pierced, and only shadowy structures can be discerned.⁴

Because the afterlife is a topic that is not generally discussed within Jewish culture, even at times actively avoided, it can be a difficult subject for someone to broach when it is weighing on their thoughts. Both the fundamental beliefs about what happens after death and the *tachlis* details about practices are important.

³ Rabinowicz, *A Guide to Life: Jewish Laws and Customs of Mourning*, 123.

⁴ Lamm, *The Jewish Way in Death and Mourning*, 235.

The Soul in Modern Secular Culture

The term “soul” has become ubiquitous in American culture today. What is meant by this term? It seems that the zeitgeist of the current moment is focused on spirituality and restoring connection with the “soul” or inner world. It is apparent how saturated our daily conversations are with references to the soul:

- I’ve done some soul-searching over the past few days.
- Her poetry nourishes my soul.
- This practice heals the soul.
- That story is like *Chicken Soup for the Soul*
- She’s my soulmate.
- I bared my soul to them.
- That singer has such a soulful voice.

It seems that everyone can immediately relate to these expressions and knows exactly what they mean, without any explanation. The singer with a soulful voice, for instance, sings in such a way that she embodies the music, moving the listener to a place beyond the notes or the lyrics.

Musicians and artists describe moments when they are completely absorbed in their work. Everything else seems to disappear, including self-awareness, and they are flowing with the music. Without the self-critic, without fear, the body and mind connect and work together to express something from deep inside. This form of self-expression, one could argue, is animated by the soul.

Evolution of Jewish Eschatology Over Time

The development of Jewish understandings of the soul, death, and the afterlife has a long and rich history. This makes for a complex answer when someone asks the question “What does Judaism teach about this?” In short, it is complicated and there is a range of positions. It can be empowering for people to be able to engage with Jewish text in order to develop a nuanced perspective on their own personal beliefs. This can allow people to make meaning from significant experiences in their own lives.

Bible

Biblical Terms

The terms “נפש” (*nefesh*) “נשמה” (*neshamah*) and “רוח” (*ruach*) appear frequently in the *Tanakh*. As much as we may want to impart our own modern meaning in the translation of these words, they do not mean “soul.” In Biblical Hebrew, these words have concrete, physical meanings. Over the course of time, these terms came to take on more abstract meanings in modern Hebrew language.

Nefesh

The Hebrew word “נפש” (*nefesh*) is translated as “throat,” “neck” or “breath.” The term is also used in the Bible to describe a “living being,” “people,” “personality” and “life.”⁵ It represents breath as a sign of life. The verb root “נפש” means “to inhale, to breathe.”⁶

⁵ Koehler, *The Hebrew and Aramaic Lexicon of the Old Testament*, 712-713.

⁶ Koehler, *The Hebrew and Aramaic Lexicon of the Old Testament*, 711.

Neshamah

The word “נשמה” (*neshamah*) is translated as “movement of air,” “breath” and “living being.”⁷ It is “the breath of humans and animals, as evidence of life,” “breath as facilitating speech” and “breath of God.”⁸

Neshamah means breath as evidence of life. It also means, by extension, a living thing.

It is a form of the root “נשם” (*nasham*) to breathe.

Ruach

The word “רוח” (*ruach*) is translated as “breeze,” “breath,” “wind,” “the natural spirit of humanity, as sense, mind, intellectual frame of mind” and “spirit of God,”⁹

In *Bereishit*, we learn that God breathes “נשמת חיים”, *nishmat chaim*, the breath of life, into Adam. Here *neshamah* means breath from God, breath that animates and brings life to Adam. “Then God, the Eternal, fashioned the Adam (Earthling) – dust from the soil – and breathed into his nostrils the breath of life, so that the Adam became a living being.”¹⁰

The human being was infused with the breath of life, in-spired with life. *Neshamah* is the life-force that comes from God. Adam became a living being, a whole living being. The Bible does not distinguish a “soul” as a separate entity from the body. The Bible describes a whole living being.

⁷ Koehler, *The Hebrew and Aramaic Lexicon of the Old Testament*, 730.

⁸ Clines, *The Dictionary of Classical Hebrew*, 779.

⁹ Koehler, *The Hebrew and Aramaic Lexicon of the Old Testament*, 1197-1201.

¹⁰ Gen. 2:7

Ecclesiastes describes how the breath of life returns to God. “And the dust returns to the ground as it was, and the life breath returns to God Who bestowed it.”¹¹ This verse is clearly in conversation with Genesis 2:7. The dust (body) returns to the earth and the *ruach* (breath) returns to God, each returning to where it came from.

Ecclesiastes 3:1-14 is a well-known and frequently cited passage, poetically describing the seasons of life. There is a season for everything. It is an affirmation of death as a natural part of the cycle of life.

A season is set for everything, a time for every experience under heaven:
A time for being born and a time for dying,
A time for planting and a time for uprooting the planted;...¹²

Resurrection

The belief that God will raise some human bodies from their graves is expressed in three key biblical texts:

Ezekiel

Ezekiel 37 presents the vision of resurrection as the dry bones taking on flesh and life again. “Thus said the Lord God to these bones: I will cause breath to enter you and you shall live again.”¹³

It is clear, then, that this vision of bones that assume flesh and live again is a metaphor for the national regeneration of Israel, for God’s power to bring this people out of Babylonian exile... It is, then, a political statement, not a prophecy of bodily resurrection.... This text remains significant, however, for it marks one of the steps which, in time, leads the later tradition to go beyond the metaphorical use of this theme and to

¹¹ Eccles. 12:7

¹² Eccles. 3:1-2

¹³ Ezek. 37:5

understand it in a much more concrete way, as an even further extension of God's unlimited power.¹⁴

Daniel

Daniel 12:1-3 offers a promise of justice and of God's power. Resurrection in this passage is a form of retribution for two groups of people - the righteous who died as martyrs and the evil persecutors.

Many of those that sleep in the dust of the earth will awake, some to eternal life, others to reproaches, to everlasting abhorrence. And the knowledgeable will be radiant like the bright expanse of sky, and those who lead the many to righteousness will be like the stars forever and ever."¹⁵

Isaiah

There are two verses in Isaiah 25 and 26 that describe resurrection. These chapters are part of a section of the Book of Isaiah known as the Isaiah Apocalypse. Chapters 24-27 include prophecies about the end of days, describing God's last judgment in an apocalyptic style.¹⁶ Isaiah 25:7 describes how God will "engulf death forever." This verse anticipates that God will not only resurrect the dead at the end of days but destroy death itself.

Oh, let Your dead revive!
Let corpses arise!
Awake and shout for joy,
You who dwell in the dust!
For Your dew is like the dew on fresh growth;
You make the land of the shades come to life.¹⁷

¹⁴ Gillman, *The Death of Death*, 78-79.

¹⁵ Dan. 12:2-3

¹⁶ Berlin, *The Jewish Study Bible*, 782.

¹⁷ Isa. 26:19

Both Daniel and Isaiah “deal with God’s judgment of Israel’s enemies, with the restoration of Israel’s fortunes, the vindication of pious Jews and the punishment of Israel’s oppressors. Both passages provide a setting and justification for the theme of resurrection.”¹⁸ The references to resurrection in these three biblical passages provide a foundation for further development of the concept of physical resurrection over time.

Sheol

The Bible presents death as inevitable and final. All human beings die. (Two notable exceptions are Enoch¹⁹ and Elijah²⁰.) Upon death, the body is buried in the earth and disintegrates. The Bible presents no notion of a “soul” as a separate entity from the body. The dead are buried in the ground and loose relationship with God. The dead can no longer praise God.²¹

Sheol is referenced throughout the Hebrew Bible as the place where the dead go. *Sheol* is in the bowels of the earth. It is described as the pit, the grave, the darkness, the deepest watery depths, the land of perdition, destruction, and the land of oblivion. The imagery paints a picture of the place where the dead go as a dark and terrifying place, where one is forgotten and cut off from God. *Sheol* is the place of deepest gloom. In *The Death of Death: Resurrection and Immortality in Jewish Thought*, Neil Gillman describes *Sheol* as “a metaphor for God’s ultimate mystery.”²²

¹⁸ Gillman, *The Death of Death*, 96.

¹⁹ Gen. 5:24

²⁰ II Kings 2:11-18

²¹ Ps. 115:16-18

²² Gillman, *The Death of Death*, 69.

The first reference to *Sheol* appears in the Joseph narrative. It is presented as a place of despair. Jacob refuses to be comforted when he hears that Joseph has been killed. “No, in mourning shall I go down to my son to *Sheol*.”²³ In *The Torah: A Women’s Commentary*, the expression “*cause my gray head to go down in anguish to Sheol*” is explained as an idiom that Jacob uses for “dying due to grief – rather than in a good old age – and descending to the realm of the dead.... Although *Sheol* is the underworld – a place below the ground – it is not to be equated with notions of Hell or a judgment after death. Such ideas did not exist in ancient Israelite thought; going to *Sheol* was the fate of all human beings.”²⁴

Sheol is also described in the narrative of Korach,²⁵ in which the earth opened its mouth and swallowed up living people. It is stated here that the people went down to *Sheol* alive. There are multiple references to *Sheol* throughout Prophets, Job, Psalms, and Proverbs.

Descriptions of *Sheol*

1 Samuel 2:6: In Hannah’s prayer: “The Eternal deals death and gives life, casts down into *Sheol* and raises up.”

Isaiah 5:14: “*Sheol* has opened wide its gullet and parted its jaws in a measureless gape;”

Isaiah 38:10: “...I have been consigned to the gates of *Sheol* for the rest of my years.”

Isaiah 38:18-19: Only the living can praise God.

Jonah 2:7: “You brought my life up from the Pit.”

Psalms 30:4: “O God, You brought up my *nefesh* up from *Sheol*, preserved me from going down into the Pit.”

²³ Gen. 37:35

²⁴ Eskenazi, *The Torah: a Women's Commentary*, 245; commentary on Gen. 42:38.

²⁵ Num. 16:30, 33

Psalm 49:16: Reflection on the inevitable morality of all human beings.

“But God will redeem my life from the grasp of *Sheol*, by taking me.”

Psalm 88: referred to as the “gloomiest psalm” or the “darkest psalm,” describing how the psalmist is on the brink of death, already counted among the dead. The psalmist reminds God that God too will suffer when the psalmist dies, because the dead can no longer praise God. Psalm 88 describes how the dead in *Sheol* are cut-off from God and forgotten.

Psalm 139:8: Strikingly in this psalm, God is also present in *Sheol*. “If I ascend to heaven, You are there; if I descend to *Sheol*, You are there too.”

Job 10:21-22: “...land of deepest gloom; a land whose light is darkness...”

Job 11:7-8: The mystery of God is deeper than *Sheol*.

Job 17:13-16: “If I must look forward to *Sheol* as my home, and make my bed in the dark place, say to the Pit, “You are my father,” To the maggots, “Mother,” “Sister” Where, then, is my hope? Who can see hope for me?”

The deaths of Abraham, Isaac, and Jacob are described with almost exactly the same language; each died in a full age, a good old age, and “was gathered to his people”. This expression is used to describe the deaths of six male figures in the Bible:

Genesis 25:8: Abraham

Genesis 25:17: Ishmael

Genesis 35:29: Isaac

Genesis 49:33: Jacob

Numbers 20:24-29: Aaron

Deuteronomy 32:50: Moses

In a similar manner, David’s death is described as “with his fathers:”

“David slept with his fathers, and he was buried in the City of David.”²⁶

Talmud

During the Talmudic period, two distinct concepts regarding the soul and afterlife emerge:

1. Physical resurrection: the idea that God will raise the bodies from the grave.
2. Immortality of the soul: the concept that the soul continues to exist beyond the death and disintegration of the physical body when it leaves the body and lives eternally. This idea originated from Greek philosophy as early as the 6th century BCE.

Both of these beliefs are expressed in Talmudic literature. We find expressions of both doctrines conflated in the traditional daily liturgy today - the *Gevurot* blessing in the Amidah, *Mehayei HaMeitim* and *Elohai Neshamah*. The two doctrines of bodily resurrection and the immortality of the soul become combined. The soul separates from the body at death and remains with God until resurrection at which time it rejoins the body and comes before God for judgment.

Talmudic Texts

Olam Haba: The World-to-Come

There are references throughout the Talmud to *Olam Haba*, the World-to-Come. The focus of the discussion is primarily on how to merit a place in the World-to-Come. There are diverse descriptions about the World-to-Come within Talmudic discourse.

²⁶ 1 Kings 2:10

“*Eilu D’varim*” is a well-known part of daily Shacharit liturgy that is based upon *M. Peah* 1:1 and *B. Shabbat* 127a. It is a listing of the acts that are limitless, i.e. a person enjoys the fruits of their merit in this world as well as in the next. There is an implication of reward for these acts in the World-to-Come.

***M. Peah* 1:1:** “...The following are the things for which a man enjoys the fruits in this world while the principal remains for him in the World-to-Come:..”

***B. Shabbat* 127a:** “...These are the matters that a person does them and enjoys their profits in this world, and nevertheless the principal exists for him for the World-to-Come,..”

***Pirkei Avot* 3:1:** “...Where are you going? To a place of dirt, worms and maggots...”

***Pirkei Avot* 6:9:** “... when a man passes away there accompany him neither gold nor silver, nor precious stones nor pearls, but Torah and good deeds alone,”

***M. Sanhedrin* 10:1:** “All Israel have a portion in the World-to-Come ... And these are the ones who have no portion in the World-to-Come:...”

***B. Berakhot* 57b:** “...The Gemara says: There are five matters in our world which are one-sixtieth of their most extreme manifestations. They are: Fire, honey, Shabbat, sleep, and a dream. The Gemara elaborates: Our fire is one-sixtieth of the fire of Gehenna; honey is one-sixtieth of manna; Shabbat is one-sixtieth of the World-to-Come; sleep is one-sixtieth of death; and a dream is one-sixtieth of prophecy;”

***B. Berakhot* 17a:** “The World-to-Come is not like this world. In the World-to-Come there is no eating, no drinking, no procreation, no business negotiations, no jealousy, no hatred, and no competition.”

***B. Berakhot* 28b:** “when you pray, know before Whom you stand. For doing that, you will merit the life of the World-to-Come.”

***B. Shabbat* 153a:** “From a person’s eulogy it is apparent whether or not he has a share in the World-to-Come.”

B. Bava Batra 75a: This *sugya* provides a wild description of how in the future God will prepare a feast for the righteous from the flesh of the leviathan and a *sukkah* for the righteous from the skin of the leviathan.

Gan Eden and Gehenna

The rabbis of the Talmud present a clear understanding of reward and punishment. The righteous will go to *Gan Eden* and the wicked will go to *Gehenna*:

B. Shabbat 152b: states that a righteous person goes to *Gan Eden*. A soul is severed from the body at death and ascends. The souls of righteous are bound up with God. There is no peace for the wicked. The soul is aware of the pain of the flesh in the grave until the tomb is sealed.

It was taught in a baraita that Rabbi Eliezer says: The souls of the righteous are stored beneath the Throne of Glory, as it is stated: “And the soul of my lord shall be bound in the bundle of life” (1 Sam. 25:29). And the souls of the wicked are continuously tied up, and one angel stands at one end of the world and another angel stands at the other end of the world and they sling the souls of the wicked back and forth to one another, as it is stated: “And the souls of your enemies He shall sling out in the hollow of a sling” (1 Sam. 25:29).²⁷

B. Shabbat 152a: describes how a person’s soul mourns for the seven days of mourning following the person’s death.

B. Chagigah 12b: describes “*aravot*,” skies, as the firmament that contains the souls of the righteous, the souls yet to be created and the dew with which God will revive the dead.

The souls of the righteous are found in heaven, as it is written: “And the soul of my master shall be bound in the bundle of life with the Lord, your God” (1 Sam. 25:29). Spirits and souls that are to be created are found there, as it is written: “For the spirit that enwraps itself is from Me, and the souls that I have made,” (Isa. 57:16) which indicates that the spirit to be released into the world, wrapped around a body, is located close to God. The dew that the Holy One, Blessed be He, will use to revive the dead is

²⁷ B. Shabbat 152b

found in heaven, as it is written: “A bountiful rain You will pour down, God; when Your inheritance was weary, You confirmed it.” (Ps. 68:10)²⁸

B. Chagigah 15a: teaches that everything has its opposite:

God created the righteous, God created the wicked; God created *Gan Eden*, God created *Gehenna*. Each and every person has two portions, one in the *Gan Eden* and one in *Gehenna*. If one merits it, by becoming righteous, they take their portion and the portion of their wicked colleague in the *Gan Eden*; if they are found culpable by becoming wicked, they take their portion and the portion of their colleague in *Gehenna*.²⁹

B. Bava Metzia 83b: teaches that the wicked go to *Gehenna* and the righteous will have a place in the World-to-Come.

B. Eruvin 19a: provides details about *Gehenna*.

“You have prepared *Gehenna* for the wicked and *Gan Eden* for the righteous.”

“There are three entrances to *Gehenna*, one in the wilderness, one in the sea, and one in Jerusalem.”

“*Gehenna* has seven names, and they are as follows: *Sheol*, *Avadon*, *Be'er Shaḥat*, *Bor Shaon*, *Tit HaYaven*, *Tzalmavet*, and *Eretz HaTaḥtit*.”

B. Sotah 2a: states that matters including marriage are decreed before a person is born. This relates to the Jewish concept of “*bashert*,” the Yiddish term for “destiny,” which is one’s divinely pre-ordained soulmate.

Forty days before an embryo is formed a Divine Voice issues forth and says: The daughter of so-and-so is destined to marry so-and-so; such and such a house is destined to be inhabited by so-and-so; such and such a field is destined to be farmed by so-and-so. This clearly states that these

²⁸ B. Chagigah 12b

²⁹ B. Chagigah 15a

matters, including marriage, are decreed for a person even before he is formed.³⁰

One striking difference between rabbinic and Greco-Roman thought is that the former does not present the Platonic view of the body as the “prison of the soul.” The physical body is also regarded as sacred within Jewish tradition. The body and soul work together to perform *mitzvot*. The body and soul are bound together, inter-connected in life’s sacred work. There are also blessings for the sanctity of the physical body. This is a key difference from Greek philosophy.

The Talmud teaches that sleep is one-sixtieth of death.³¹ Sleep is a time when that body-soul connection loosens, and thus it is a vulnerable and liminal time, bounded before and after with blessings. The bedtime Shema is a prayer for protection and peaceful sleep. “Enlighten my eyes in the morning; lest I sleep the sleep of death, never to awaken.”³² The first blessing that is offered in the morning, *Modeh / Modah Ani*, is recited upon waking. It is an expression of gratitude for being alive, for the body-soul connection to be restored. Each morning, the world is created again anew. *Birkhot Hashachar*, the morning blessings, describe awakening from sleep as a sort of restoration of the body and soul. We are able to arise and greet a new day.

³⁰ *B. Sotah* 2a

³¹ *B. Berakhot* 57b

³² *B. Berakhot* 60b

Elohai Neshamah

The first known version of *Elohai Neshamah* appears in the Talmud. Awakening from sleep is described as a sort of physical resurrection.³³ When one awakens, one recites:

My God, the soul You have placed within me is pure.
You formed it within me,
You breathed it into me,
and You guard it while it is within me.
One day You will take it from me and restore it within me in the time to come.
As long as the soul is within me, I thank You,
O Lord my God and God of my ancestors, Master of all worlds, Lord of all souls.

Blessed are You, O Lord, who restores souls to lifeless bodies.³⁴

The dichotomy between the body and soul is a Greek concept. Greek philosophers introduced the idea of dualism of body and soul, the understanding of the soul as a distinct entity from the body. Jewish philosophers were certainly influenced by Socrates, Plato, and Aristotle. They contemplated questions about the nature of the soul. “For Plato, the soul is intrinsically immortal: It pre-exists the body in which it is later incarnated as if in a prison.”³⁵ Plato’s views on immortality are expressed in *Phaedo*. From this perspective, death is a liberation to be welcomed. This belief in an immortal soul and the separation of body and soul became broadly accepted in the Western world through Christianity. Jewish tradition did not fully embrace this concept of dualism.

Socrates characterizes death as ‘the separation of soul and body,’...
Biblical anthropology knows nothing of this dualistic picture of the human person which claims that the human person is a composite of two entities, a material body and a spiritual or non-material soul. In Greek thought, the

³³ *B. Berakhot* 60b

³⁴ *B. Berakhot* 60b

³⁵ Gillman, *The Death of Death*, 110.

soul is a distinctive entity which pre-exists the life of the person, enters the body at birth, separates from the body at death and continues to exist in some supernal realm.

The Bible, in contrast, portrays each human as a single entity, clothed in clay-like flesh which is animated or vivified by a life-giving spark or impulse variously called *ruah*, *nefesh*, *neshamah*, or *nishmat hayyim*.³⁶

We see a range of views expressed from Jewish thinkers about whether the soul is created with the body or exists before birth, if the soul survives the body after death and if so, whether or not it maintains an identity as an individual soul. The belief that each human has a soul that separates from the body at death and continues to exist with God is not in the Bible.

Medieval Jewish Philosophy

Medieval Jewish philosophers were clearly influenced by Greco-Roman philosophy and its concepts of the “soul”. They each expressed their own understanding of the definition of the “soul” and its relationship with the body.

Saadya Gaon

In the *Book of Doctrines and Beliefs*, Saadya Gaon, 10th century, taught that the soul was located in the heart:

Our Lord (be He blessed and exalted) has informed us that the soul of man is created in his heart at the moment when the form of his body is completed, ... Moreover, He told us that He has set a time-limit to the combined existence of body and soul, and that, when it expires, He separates them again until the time when the number of souls which His wisdom has decided to call into being is completed. At that time, He reunites them with their respective bodies and metes out their reward.³⁷

³⁶ Gillman, *The Death of Death*, 79-80.

³⁷ Saadia Gaon, *3 Jewish Philosophers*, 271-272.

According to Saadya Gaon, “After the completion of the number of souls and the subsequent creation of the Future World (olam haba) eternal reward and punishment will be meted out to body and soul together.”³⁸

Bachya ibn Paquda

In *Duties of the Heart*, Rabbi Bachya ben Joseph ibn Paquda, 11th century Spain, wrote:

[Reflection on creation means] becoming aware of the spiritual and physical elements of this world; its causes and effects; its rational and nonrational creatures; its inert and active materials; its inanimate objects and plants; its higher and lower parts; and [realizing] that the Creator, May He be exalted, assembled and ordered the world perfectly, divided it along clear lines, and made it in such a way that it points to Him and reflects Him, just as the work of craftsmanship reflects the craftsman who created it, or a house the builder who built it. You should know that the whole world is made up of the material and the spiritual, so intimately mixed and fused that each of them sustains the other, like body and soul in living creatures.³⁹

Yehuda Halevi

In the 12th century, Yehuda Halevi described Judaism as “the religion which insures the immortality of the soul after the demise of the body.”⁴⁰ In the *Kuzari*, Halevi described how the descendants of Israel were distinct from all other peoples.

They all aspired toward prophecy...Contact with a prophet also serves as demonstrable proof to the rewards of the World-to-Come. For this higher type of human hopes that the soul will return to its source, will separate from its physical senses, and will be able to envision the elevated spiritual

³⁸ Altmann, *3 Jewish Philosophers*, 272.

³⁹ Paquda, *Duties of the Heart*, 175.

⁴⁰ Halevi, *Kuzari* 1:103 as cited by Encyclopaedia Judaica.

realm... his type of soul will be free from death once its physical vestiges have passed away.... this set of teachings will undoubtedly also preserve the soul after the body has passed away.”⁴¹

Maimonides (1135-1204)

Maimonides (the Rambam) focused on the developed of the intellect to a stage in which it would be possible to conjoin with the Active Intellect.

The ideal of most philosophers is an extremely intellectual as well as virtuous person, whose intellect has reached a stage of completely immaterial, actual perfection. In this state the individual ‘acquired’ intellect, which is comprised of universal intelligibles, may conjoin with the Active Intellect. It is this conjunction with the Active Intellect that constitutes immortality.⁴²

The Rambam, speaking about the ‘*aravot*’: “the uppermost all-encompassing sphere”:

Reflect on the fact that the souls of the righteous as well as the souls and the spirits of those to be born are mentioned here! How sublime is this idea to him who understands it! For the soul that remains after the death of man, is not the soul that lives in a man when he is born; the latter is a mere faculty, while that which has a separate existence after death, is a reality; again, the soul and the spirit of man during his life are two different things; therefore the souls and the spirits are both named as existing in man; but separate from the body only one of them exists.⁴³

The Rambam presented “The Thirteen Principles” in the introduction of his commentary on Helek Mishnah Sanhedrin Chapter 10:

Mishnah Sanhedrin 10:1:

...And these are the ones who have no portion in the World-to-Come: He who says that resurrection of the dead is a teaching that does not derive

⁴¹ Halevi, *Kuzari* 1:103.

⁴² Encyclopaedia Judaica Vol. 19, p. 34. Citation Maimonides, *Guide* 1:70, 72; 3:27; 54.

⁴³ Maimonides, *Guide* 1:70, p. 106.

from the Torah, that the Torah does not come from heaven, and an Epicurean.⁴⁴

The Thirteen Principles is a list of common beliefs and commitments that, from Maimonides' perspective, all Jews must hold. To list a specific set of beliefs in such a way was a break from Jewish tradition and has been the source of significant ongoing debate. It has taken hold and withstood the test of time, however, as the starting point for discussion about Jewish belief through to today.

The Thirteen Principles of Faith have become incorporated into Jewish liturgy. Many communities recite them daily after morning prayers beginning with *Ani Ma'amin* "I believe...". Yigdal, often sung at the conclusion of Shabbat *Ma'ariv* service, is a poetic representation of The Thirteen Principles, each line devoted to one of the principles.

Maimonides' writing about the afterlife was an attempt to resolve the tension between two traditions: Torah and Greek philosophy. "The *Thirteenth Fundamental Principle* is the Resurrection of the Dead, which we have already explicated."⁴⁵ There is scholarly debate about what exactly the Rambam meant by resurrection based upon other writings. Could it be an allegorical understanding of resurrection? Resurrection, from the way in which he describes it, appears to mean spiritual immortality. Nevertheless, the Thirteen Principles of Faith is a well-known and accepted listing of the basic tenets of Judaism and it includes the "Resurrection of the Dead", regardless of differing interpretations.

⁴⁴ *M. Sanhedrin* 10:1

⁴⁵ Twersky, *A Maimonides Reader*, 422.

Spinoza

In the 17th century, Spinoza described the concept of an impersonal immortality. “He believed that all things are ensouled, or endowed with a psychic dimension of intelligibility that is ultimately part of God.”⁴⁶ One who reaches the intellectual awareness of the oneness of God is eternal.

Prop. XXIII: *The human mind cannot be absolutely destroyed with the body, but there remains of it something which is eternal.*⁴⁷

Kabbalah

The Jewish mystical tradition understands there to be a *gilgul neshamot*, a revolving of souls, or reincarnation. Kabbalists believe in the existence of souls before birth and the survival of the soul after death. The terms *nefesh*, *neshamah*, and *ruah* are understood as three distinct aspects of the soul. After death, some souls enter into other bodies until resurrection.

El Malei Rachamim

One approach to exploring belief about the soul and the afterlife is to consider Jewish ritual focused on remembering and praying for the dead. While *Kaddish* is not a prayer for the dead, *El Malei Rachamim* is. Recited at funerals and *Yizkor* services, the prayer contains an explicit petition for the dead. *El Malei Rachamim* is first documented in the 17th century in *Yeven M'tzulah* (Abyss of Despair) a book by Nathan of Hanover, chronicler of the Chmielnicki pogroms (1648-1649). There is a description of how a cantor mournfully

⁴⁶ Spinoza, *Ethics*, 5 as cited by Encyclopaedia Judaica.

⁴⁷ Spinoza, *Ethics*, 233.

chanted *El Malei Rachamim* as a memorial for the Jews who were killed in the massacre.⁴⁸

Over time, this ritual developed into a personal memorial prayer for the dead. In the *Yizkor* service, there are different versions of *El Malei Rachamim* for individuals, for those who died defending the State of Israel, and for the victims of the Holocaust. There are allusions to Biblical themes within the prayer.

The traditional text for *El Malei Rachamim* at a funeral service:

God, full of compassion, Who dwells on high, grant proper repose on the sheltering wings of Your presence, in the lofty levels of the holy and pure who shine as the brightness of the firmament, unto the soul of *(name of deceased)* son of *(father's name)*, who has gone to his world, and for whose memory we pray. May his repose be in Paradise [*Gan Eden*]. May the Master of compassion bring him under the cover of God's wings, and bind his soul in the bond of life. May the Lord be his heritage; and may he repose on his resting place in peace; and let us say: Amen.⁴⁹

The traditional prayer includes a pledge to give *tzedakah* on behalf of the memory of loved one who has died. This has been removed from liberal texts because of the notion that the actions of the living may in some way affect the status of the dead and help them in their afterlife. Reform siddurim also remove the reference to *Gan Eden*, stating that the deceased has gone to "Eternity."

The prayer is a petition that the deceased may rest in peace with God. There is an allusion to *zohar harakiya* in Daniel 12:3, that their "brightness shines like the very glow of heaven."⁵⁰ There is also an allusion to 1 Samuel 25:29, in the request that they be "bound in the bond of life." There is a plea that the soul of the deceased live on in the sheltering wings

⁴⁸ Hoffman, *May God Remember*, 13.

⁴⁹ *RCA Lifecycle Madrikh*, 149.

⁵⁰ *CCAR Life-Cycle Guide*, 35.

of God. This evokes the image of God bringing the Israelite people out of Egypt “על כנפי”
“on eagles wings.”⁵¹ There is a sense of the deceased not being alone, of being carried on
their journey in the embracing and protective wings of God.

Modern Views

The Reform Movement has taken an evolving position on the concept of physical
resurrection as delineated in the Movement’s platforms.

In the Pittsburgh Platform (1885), there is a clear rejection of the concepts of resurrection,
Gehenna, and Eden.

The Pittsburgh Platform (1885)

We reassert the doctrine of Judaism that the soul of man is immortal,
grounding this belief on the divine nature of the human spirit, which
forever finds bliss in righteousness and misery in wickedness. We reject,
as ideas not rooted in Judaism, the beliefs both in bodily resurrection and
in Gehenna and Eden (Hell and Paradise) as abodes for everlasting
punishment and reward.⁵²

There is a clear theological shift expressed by the Reform Movement from
understanding God as “Reviver of the dead” to “He who has implanted within us immortal
life.”⁵³ Reform liturgy has been modified to reflect this theology. Two examples of this are:

1. The Amidah: *G’vurot*: “מחיה מתים”, *m’chayeih meitim*, has been modified to
“מחיה הכל (מתים)”, *m’chayeih hakol (meitim)*.

⁵¹ Ex. 19:4

⁵² Meyer, *Response to Modernity*, 388.

⁵³ Gillman, *The Death of Death*, 207.

2. The words of *Elohai Neshamah* in Reform siddurim have also been modified to remove the concept of resurrection.

The Columbus Platform (1937)

Judaism affirms that man is created in the Divine image. His spirit is immortal. He is an active co-worker with God...⁵⁴

The San Francisco Platform (1976)

... Amid the mystery we call life, we affirm that human beings, created in God's image, share in God's eternity despite the mystery we call death.⁵⁵

Rabbi Dr. Eugene Borowitz z"l, Reform Jewish philosopher and theologian, identified two intellectual problems for modern thinkers when talking about life after death. The first is that science cannot be ignored. The scientific view is that life is a combination of chemicals in specific conditions. Death, then, is merely a breakdown in the chemical structure. The second challenge for modern thinkers, he argues, is that it is not possible to draw from personal experience as evidence.

These two intellectual problems are reinforced by the Jewish tradition's reluctance to say much about life after death and by the modern religious thinker's concern to keep the focus of religion on this world and our responsibilities in it. The result has been that most Jews in our time avoid speaking about personal survival after death. Mostly there is talk about living on in the memory of those who knew one or, for those of a rationalist bent, one can speak of people living on in the ethical deeds they did.⁵⁶

"There is something God-like about human beings, and God does not die. We have no name for this special character of human life. We do not know its relationship to our chemical nature. Indeed, science and Judaism seem to be talking in two radically different ways about what it is to be a person...

⁵⁴ Meyer, *Response to Modernity*, 389.

⁵⁵ Meyer, *Response to Modernity*, 392.

⁵⁶ Borowitz, *Book II: What We Believe*, 44.

In this Jewish view, life is seen as a mystery....Death is a greater mystery. We do not know life without a physical base. We have no experience of what existence the other side of death could be like. Against that ignorance we balance our recognition that life itself is mysterious, that death is part of life and the creation God ordained. Death, like life, comes from the God whom we know daily showers goodness on us. We trust God's goodness even in death. We cannot believe that having shared so intimately in God's reality in life we do not continue to share it beyond the grave... Having reached such heights precisely in our personhood, our individuality, we trust that our survival likewise will be personal and individual.⁵⁷

⁵⁷ Borowitz, *Book II: What We Believe*, 47-49.

CHAPTER 2: The *Halakhah* of *Bikur Cholim*:

The Textual Underpinnings of Pastoral Work

There are six matters a person enjoys the profits of in this world, and nevertheless the principal exists for him for the World-to-Come, and they are: Hospitality toward guests, and visiting the sick, and consideration during prayer, and rising early to the study hall, and one who raises his sons to engage in Torah study, and one who judges another favorably, giving him the benefit of the doubt.¹

Guiding Questions

- *How is the mitzvah of visiting the sick described within Jewish sources?*
- *In what ways does Jewish text inform pastoral work?*

The *mitzvah* of *bikur cholim*, visiting the sick, is an act of *gemilut chasadim*, loving-kindness, and is of special importance within the Jewish tradition. There is tremendous efficacy in being physically present with the person in their suffering and offering prayer for healing. In “*Bikur Cholim: A Paradigm for Pastoral Caring*,” Rabbi Joseph S. Ozarowski describes *bikur cholim* as an act performed in “emulation of God’s divine kindness and love...By visiting the ill, we follow God’s paths, acting as God does.”² Visiting the sick affirms God’s presence in the world, even in the midst of illness, pain, and suffering. The Talmud teaches that just as God visited Abraham as he was recovering from circumcision, so too should we visit those who are ill. During times of crisis, pain, and vulnerability, acting in a way that emulates God’s *chesed* can comfort and heal those who are suffering.

¹ *B. Shabbat* 127a

² Ozarowski, “*Bikur Cholim*,” 57

It is your God the Eternal alone whom you should follow, whom you should revere, whose commandments you should observe, whose orders you should heed, whom you should worship, and to whom you should hold fast.³

In the explanation of what it means to “follow in God’s ways” in Deuteronomy 13:5, the Talmud states that as God visits the sick, so too are we obligated to visit the sick.

Just as the Holy One, Blessed be He, visits the sick, as it is written with regard to God’s appearing to Abraham following his circumcision: “And the Lord appeared unto him by the terebinths of Mamre” (Gen. 18:1), so too, should you visit the sick.⁴

In *B. Berakhot* 5b, the *Gemara* addresses the nature of suffering in a story about illness:

Rabbi Yochanan’s student, Rabbi Chiyya bar Abba fell ill.
Rabbi Yochanan visited him and asked him: “Is your suffering dear to you?”
Rabbi Chiyya’s response: “I welcome neither this suffering nor its reward.”
Rabbi Yochanan said to him: “Give me your hand.”
He gave him his hand, and Rabbi Yochanan lifted him up and restored him to health.

Rabbi Yochanan then fell ill.
Rabbi Chanina visited him and asked him: “Is your suffering dear to you?”
Rabbi Yochanan’s response: “I welcome neither this suffering nor its reward.”
Rabbi Chanina said to him: “Give me your hand.”
He gave him his hand, and Rabbi Chanina lifted him up and restored him to health.⁵
The *Gemara* asks why, if Rabbi Yochanan was able to heal his student, why wasn’t he able to lift himself up? The response is “A prisoner cannot

³ Deut. 13:5

⁴ *B. Sotah* 14a. Also found in *Midrash Genesis Rabba* 8

⁵ *B. Berakhot* 5b, translation adapted from Weiss, “Neither Suffering nor Its Rewards”, 107-108.

generally free himself from prison, but depends on others to release him from his shackles.”⁶

There are two essential messages taught in this story. The first is that people rely upon one another; they are inter-dependent. “The story of Rabbi Yochanan’s illness is an important addition to our understanding of the need for fellowship and assistance when we are in difficulty... He, the very one who invented the method for battling the power of suffering, cannot free himself from these troubles.”⁷ Rabbi Yochanan was unable to restore himself to health when he was ill and relied upon the visit and caring of another. This is true even though he did have the capacity to restore someone else.

The second gleaning from this passage is about the nature of suffering. Even though one should not desire or seek out suffering, it is possible to find meaning in it. People with serious illnesses will often reflect that though they would not wish their situation on anyone. They are grateful for the opportunity to make meaning from their experience of illness and healing.

Another important Talmudic *sugya* is found in *B. Nedarim* 40a:

Rav Ḥelbo fell ill. There was no one who came to visit him. Rav Kahana said to the Sages: Didn’t the incident involving one of the students of Rabbi Akiva who became sick transpire in that manner? In that case, the Sages did not enter to visit him, and Rabbi Akiva entered to visit him and instructed his students to care for him. And since they swept and sprinkled water on the dirt floor before the sick student, he recovered. The student said to Rabbi Akiva: My teacher, you revived me. Rabbi Akiva went out and taught: With regard to anyone who does not visit the ill, it is as though he is spilling blood, as it could be that the sick person has no one to care

⁶ *B. Berakhot* 5b translation from Sefaria.

⁷ Weiss, “Neither Suffering nor Its Rewards”, 116.

for him. If there are no visitors, no one will know his situation and therefore no one will come to his aid.⁸

This *sugya* emphasizes the importance of visiting the sick. If no one visits a person who is ill, no one will know his situation and therefore no one will come to his aid. This passage also references the act of “sweeping and sprinkling” which is found in later halakhic texts. Because the visitors swept and sprinkled water on the floor before the sick person, he recovered. This passage describes the importance of performing very practical acts such as sweeping the floor and maintaining a clean environment for those who are ill.

Attending to the actual physical needs of the sick person, the housework and the cleaning, is a part of the *mitzvah* of *bikur cholim*. Rabbi Ozarowski also points out that “the Hebrew term the Talmud uses for ‘sweeping and sprinkling’ is *kibdo v’rivtzo*. The word *kibed* also means ‘to honor.’ Even an act as mundane as sweeping the room is considered a way of honoring the sufferer.”⁹

The laws of visiting the sick are concisely organized in the *Shulhan Arukh Yoreh De’ah Siman* 335. It is striking that the halakhot specify practical details about how to visit those who are ill. Although the location of the visit may have transitioned in modern times to a hospital or nursing facility, the guidelines for how to visit remain relevant. The Rambam also states the laws of visiting the sick in the *Mishneh Torah*, Laws of Mourning 14:4-6.

Shulhan Arukh Yoreh De’ah 335:1-10

1. It is a mitzvah to visit the sick. Close relatives and friends may visit immediately and those farther away [not close relatives] may visit after three days. If the sickness comes quickly [springs upon him], both these and those may enter to visit.

⁸ B. *Nedarim* 40a

⁹ Ozarowski, “*Bikur Cholim*,” 65.

It is clear from this *halakhah* that the visit is for the person who is ill and not for the visitor.

The sick person should not be overwhelmed by too many visitors too soon. There is also a concern that the sick person become worried about the gravity of their illness.

2. Even a prominent person must visit a humble one, even many times a day and even if they are of the same age. One who increases [his or her visits] is considered all the more praiseworthy, so long as it does not bother the sick person.

There is an emphasis placed on humility in visiting all those who are ill. Even the prominent person should visit the sick. The obligation to visit does not have a fixed limit; it is according to the need of the sick person. Again, the visit is for the sick person. It should not create discomfort or distress. The Rambam presents a similar emphasis in the *Mishneh Torah*, with an additional statement about the importance of the visit.

Rambam Mishneh Torah: Laws of Mourning 14:4

The duty of visiting the sick applies to everybody. Even an eminent person must visit one who is of minor importance. The visits should be made several times a day. The more often one visits the sick, the more praise he deserves, provided that he does not weary the patient. Whoever visits a patient is as though he took away part of his illness and lightened his pain. Whoever does not visit the sick is almost guilty of bloodshed.

3. One who visits the sick person may not sit on a bed, nor upon a chair, nor upon a stool, but should [reverently] wrap himself and sit in front of the one who is ill because the Divine Presence rests above their head.

One should sit at eye level with the sick person, creating a sense of connection, presence, and empathy. It demonstrates respect for the sick person. The *halakhah* also states that one should “מתעטף” “enrobe,” similar to *l’hitatef b’tzitzit* before preparing for prayer. This

communicates the sanctity and formality of the visit. One enwraps oneself to visit the sick person in a similar fashion as preparing to pray to God.

The *Shekinah* rests above the head of the sick person.

If the *Shechina* is at the head of every sick person, a hospital or geriatric facility becomes a holy place. In the bottom line-oriented, contemporary health care system, Jewish tradition teaches us to reclaim the sacred as an integral part of the healing process. Real pastoral care allows both the sick person and the visitor to sense the closeness of the *Shechina*.¹⁰

4. One must not visit the sick during the first three hours of the day, for all those who are ill, their illness is alleviated in the morning and [consequently] one will not trouble him/herself to pray [‘to ask for mercy’] for the sick person and not during the last three hours of the day, for then their illness grows worse and one will give up hope to pray for them.)One who visits [the sick person] and does not pray for mercy has not fulfilled the mitzvah) (Beit Yosef in the name of Ramban)

Even the time of day that one ought to visit is specified. The intent of not visiting in the early part of the day is that the sick person may appear better at this time and so the visitor might not see the need for prayer. Correspondingly, at the end of the day, the sick person’s condition may deteriorate to the point where a visitor might despair and not pray. There is an acknowledgement that the sick person’s condition is fragile and may change over the course of the day. It is also worth noting how this law corresponds with modern understandings of “sundowning” in patients with delirium and dementia. For the pastoral care giver, the time of day is important to consider when making a visit. The morning is normally a very busy time for hospital patients, with rounds and doctors’ visits.

5. When one prays for the sick person, if in their presence, one may pray in any language one desires; if one prays not in their presence, one should pray only in the holy language [Hebrew].

¹⁰ Ozarowski, “*Bikur Cholim*,” 60.

This *halakhah* provides an interesting statement about the importance of prayer in Hebrew. It is also curious that prayer in the presence of sick person may be offered in any language one desires. This suggests that prayer in the presence of the sick person can be customized to the specific needs of the individual in that moment.

More details about the efficacy of prayer are found in *B. Shabbat* 12b.

6. One should include the person among the sick of Israel, saying “May God have compassion upon you among the sick of Israel”. On Shabbat one says, “It is Shabbat when it is forbidden to cry out. Healing will come soon.”

The sick person is to be kept and remembered among the community of all those who are ill. Petitionary prayer is forbidden on Shabbat. One may, however, pray that healing will come soon.

7. The one who is ill should be told to consider their affairs whether they lent to or borrowed with others. They should not fear death on account of this.

This *halakhah* emphasizes the importance of ensuring that the sick person has all of their affairs in order. It also means that just because a person is encouraged to put their affairs in order does not indicate that their death is imminent which would likely frighten them.

8. One must not visit those suffering with bowel diseases, or with eye diseases, or from headaches. And likewise, whosoever is very sick [*‘the world rests heavily upon them’*] and conversation is injurious to him must not be visited in his or her presence, but one may enter the outer chamber and ask and inquire regarding them, whether it is necessary to sweep or sprinkle the ground before them or anything similar to this, and hear their suffering and pray for them.

Maintaining the dignity of the sick person is of the utmost importance. This *halakhah* is a reminder of the impact that illness and hospitalization can have on a person’s dignity and

sense of self. The visit should not draw attention to the illness or cause embarrassment or shame. One should still visit the sick person, if possible, even if this means not entering their room. The sick person may still derive comfort from the visit.

9. One must visit the sick of the Gentiles in the interest of peace.

The obligation of visiting the sick applies to all people, not only the Jewish community.

10. [In the case of] those suffering with bowel diseases, [the law is that] the man must not attend upon the woman, but the woman may attend upon the man.

This *halakhah* appears to also be focused on maintaining the dignity of the sick person.

CHAPTER 3: Pastoral Visits

The Talmud teaches that when someone visits a person who is ill, the visit removes one sixtieth of the illness¹ and, as such, holds tremendous healing power. Pastoral visits may bring the patient a sense of connection and reduce feelings of loneliness. There is an opportunity to create space for emotional expression, theological / spiritual reflection, life review, and meaning making.

Guiding Questions

- *How do rabbis provide pastoral care to those who are ill?*
- *What is involved in a pastoral visit?*

When visiting people at home or in a nursing home as a hospice chaplain, Rabbi Jon Kleinman describes his role as providing spiritual care in four primary categories:²

1. Loneliness and isolation.
2. Powerlessness: Loss of control, loss of independence. Feeling like a burden to loved ones. Connecting with potential sources of strength.
3. Desire for reconciliation with family and community. Resolution of conflicts.
4. Need for assurance: Fear of the unknown.

When visiting an individual or family, it is essential to be open to meeting them where they are at that moment and allow them to guide the conversation to topics that are active for them in the here and now. This may mean exploring beliefs and hopes. It may mean voicing challenging emotions. It is crucial to be able to assess the spiritual and

¹ *B. Bava Metzia 30b*

² Personal communications

emotional needs of the person or family and provide appropriate interventions based upon that assessment.

Spiritual Assessment

There are a number of spiritual assessment techniques that chaplains use to assess the needs of an individual during a visit. The use of spiritual assessment tools is an area of active research. "Today there are more than 40 spiritual assessment tools available in the U.S. based medical literature designed, as described here, by chaplains, nurses, physicians, social workers and other healthcare professionals."³ The key is to be intentional about noticing what is observed and heard during the visit. What are the individual's hopes? What are their sources of strength and support during challenges? What are their spiritual resources?

Pastoral Interventions

There is a broad range of potential pastoral interventions that can be appropriate during a visit. Interventions should be based upon spiritual assessment and may develop or shift over the course of the visit. This includes providing active listening and space for emotional expression. For some, a visit may reduce feelings of isolation. The pastoral care provider may offer a calm, quiet presence and emotional support during a time of distress. There may be an opportunity to facilitate life-review or theological / spiritual reflection. The pastoral care provider may assist with identifying spiritual resources. Clergy are often involved in advance care planning and goals of care conversations. Offering ritual and prayer can also be an important part of a visit.

³ Cadge, "The Evolution of Spiritual Assessment Tools in Healthcare," 435-436.

It is impossible to predict with certainty the spiritual needs that will arise during a visit. This is true even if clergy know the person and family well and have a longstanding relationship. A patient may request a pastoral visit from their rabbi while in the hospital, for example, because they are grieving the loss of a pet, celebrating a birthday, or worrying about their ability to participate in an upcoming wedding. It is essential to be able to assess the spiritual needs of the person in the moment and provide interventions tailored to those needs.

The Role of the Rabbi

The rabbi represents ritual and connection with Jewish tradition and community. In a moment of existential crisis, a rabbi is viewed as someone with an understanding of suffering. Rabbis are called upon to offer a unique combination of knowledge and skills. They have a strong understanding of tradition. It is a skill to be able to share information about customs and practices in a way that is affirming and validates people's choices. Grounded in tradition, rabbis have the opportunity to offer Jewish ritual in creative ways that speak to the unique needs of the situation.

Crisis is a time of profound disorientation and existential distress. People often ask "What do I DO now?!" because they feel adrift and disconnected. Ritual can be grounding and connecting. Rabbis experienced in pastoral work generally recommend focusing on *tachlis* first, the concrete and tangible, addressing "What am I supposed to do right now?" Ritual can serve as a vehicle to move deeper into theological reflection about suffering, grief, fear, and hope. People will often express a deep desire to make sure that ritual is performed

“correctly,” that they are doing it “right.” The pastoral caregiver can explore what it means to do it “right.” This may not necessarily mean the traditional practice.

Grief

Grief is a response to loss. Grief moves in and out of stages of disbelief, anger, sadness, bargaining, and acceptance. These stages do not follow a predictable progression. Individuals may experience a range of emotions as they process and integrate the loss. “There is no correct way or time to grieve.”⁴

In *On Death and Dying* Kübler-Ross famously delineated the “stages” of denial and isolation, anger, bargaining, depression, and acceptance to meticulously describe the emotional states seriously ill people commonly experienced and the adaptive mechanisms they used to make sense of and live with incurable conditions.

Popularized as Kübler-Ross’s “stages of dying,” they have been criticized for suggesting a formulaic progression of phases through the dying process... In *On Death and Dying* Kübler-Ross made it clear that these emotional states and adaptive mechanisms occur in a variety of patterns.⁵

*Grief is the normal but bewildering cluster of ordinary human emotions arising in response to a significant loss, intensified and complicated by the relationship to the person or the object lost. Guilt, shame, loneliness, anxiety, anger, terror, bewilderment, emptiness, profound sadness, despair, helplessness: all are part of grief and all are common to being human. Grief is the clustering of some or all of these emotions in response to loss.*⁶

⁴ Kübler-Ross, *On Grief and Grieving*, xi.

⁵ Byock, *Foreword, On Death and Dying*, xiii-xiv.

⁶ Mitchell, *All Our Losses, All Our Grievs*, 54-55.

Anticipatory Grief

Grief and mourning may occur before a loved one dies. This often occurs when a person has a prolonged illness and the patient and loved ones anticipate death. This can be as painful and stressful as the actual loss.

We think of the five stages of death occurring for the dying person, but many times loved ones go through them ahead of the death also. This is especially true in long, drawn-out illnesses. Even if you go through any or all of the five stages ahead of the death, you will still go through them again after the loss. Anticipatory grief has its own process; it takes its own time.⁷

Spiritual Distress

“Illness can cause *spiritual struggle* or *spiritual distress*, ‘a state of suffering related to the impaired ability to experience meaning in life through connections with self, others, the world, or a superior being.’ A health crisis—experienced first-hand or by a loved one—can challenge a person’s entire belief system or view of life.”⁸

Total Pain

Dame Cicely Saunders, the founder of the modern hospice movement, introduced the term total pain. “Dame Cicely Saunders coined the term “total pain” to characterize the multidimensional nature of the palliative patient's pain experience to include the physical, psychological, social, and spiritual domains.”⁹ Medical professionals may reference “total pain” to describe suffering beyond physical symptoms.

⁷ Kübler-Ross, *On Grief and Grieving*, 2.

⁸ ACPE “The Impact of Professional Spiritual Care”, 6.

⁹ Mehta, “Understanding of the Concept of ‘Total Pain,’” *Abstract*.

Suffering

In “Psychosocial and Spiritual Care,” Diane B. Loeth defines suffering as an experience of lost personal meaning. Loeth offers the following principles related to suffering:

Suffering is a private, personal experience unique to each individual.

Suffering results when the most important aspects of a person’s identity are threatened or lost.

Suffering cannot be assumed to be absent or present in any given situation.

Suffering can also be viewed as an experience of lost personal meaning.¹⁰

Preparing for a Visit

Rabbis, through time and experience, develop their own collection of prayers and readings for pastoral visits, their own personal “Rabbi’s Manual.” It is tremendously helpful to have prayers easily accessible in an organized and professional book. In some cases, it may be an option to pull up a reading on one’s cell phone. Making hard copies of readings in advance to give to patients and family members can be helpful as people often appreciate having something tangible to hold on to and keep after the visit. It is advisable to gather a collection of both traditional and modern readings for a variety of situations. God language is a key factor to assess. Some God language may not be comfortable or accessible for everyone. Guided meditations may be appreciated by some individuals to facilitate focus and a sense of calm.

Often people will find comfort in the familiar, whether this is liturgical texts and melodies or songs from summer camp. If it is possible to visit during Shabbat or holidays, there is potential for profound connection with memory, melody, and experiences of sacred

¹⁰ Loeth, “Psychosocial and Spiritual Care,” 118.

time. The key is familiarity. For some, this may be Debbie Friedman's *Mi Shebeirach*. For others, it may be the language of the King James translation of Psalm 23. Others may find connection in being able to join in reciting Friday night *Kiddush* together.

It is worthwhile to explore organizational techniques for collecting readings for visits. Many have found that a small, narrow (9"x8") 3-ring binder (same size as the *CCAR Life-Cycle Guide*, only narrower) is an effective way to prepare materials.

Familiar Jewish Prayers for Pastoral Visits

- The *Shema*
- *Mi Shebeirach*
- *Birkat Kohanim* (Num. 6:24-26)
- Psalm 23
- *Shalom Aleichem*
- *Eshet Chayil*
- *Kiddush*

Customized Prayer

Offering prayer and ritual is one of many potential interventions in a visit. Prayer and ritual can be powerful if they address the unique needs of the individual in that moment. Many people anticipate that prayer will be offered during a pastoral visit, but will never explicitly request it. Others may be surprised or feel uncomfortable about receiving customized prayer. Spontaneous, customized prayer is not a part of contemporary Jewish culture in the ways that it is within some other faith traditions. People may feel more comfortable in knowing that their name will be included in the community *Mi Shebeirach* during services or that the rabbi will keep them in their prayers for healing. There is a strong

tradition, however, of spontaneous customized prayer within Jewish tradition. Moses cried out to God when Miriam was stricken with illness: “*El na refah na lah*” - “O God, pray heal her!” (Num. 12:13) It is a simple, concise and direct prayer of five words.

Offering spontaneous prayer during a visit may require introduction and explanation. Customized prayer has the potential to voice and affirm the hopes and reality of the person in a way that can create connection and meaning. It can be short and in plain language, a blessing uniquely crafted for this specific moment.

In “The Power of Custom-Made Prayers, Rabbi Bonita E. Taylor offers the following guidelines:¹¹

- 1: Ask the individual whether you can pray for him or her
- 2: Ask the individual to identify a focus for the prayer in his or her body or spirit
- 3: Address God and connect the person to God
- 4: Relate the person’s plight to God
- 5: Share with God the individual’s hopes

Expanding upon these guidelines are a few practical considerations for customized prayer:

1. Ask permission

It is important to ask for permission:

“Would it be alright if I offered a prayer before I leave?” or “May I offer a blessing?”

2. Ask for focus of the prayer

“Is there something specific on your heart today that you would like to pray for?”

¹¹ Taylor, “The Power of Custom-Made Prayers”, 153-156.

The response may be surprising. Listen carefully during the visit for hopes and emotions.

Personalized prayer gives voice to the inner world of the person in language that resonates with them.

3. Names

Names are important. Ask to confirm what the person wants to be called. Ask about the names of loved ones to be included in the prayer. Stating the name(s) of the person or people in the prayer brings them into conversation with God.

If a patient is actively dying or has died, it can be powerful to reflect with family on all of the names that they are called (ex: Mom, Grandma, nicknames, terms of endearment, titles, etc.) and include them in the prayer.

4. Address God

“Dear God”

“Dear Eternal”

“O Holy One of Blessing”

“Source of Compassion”

“Source of Life”

“*Mi Shebeirach*” – customized prayer can begin with the opening of the *Mi Shebeirach* and then continue with personalized prayer in English. Another variation is to begin in English with “May the One Who blessed our ancestors...”

5. Prayer

The content of the prayer may include the person's hopes, an acknowledgement of the reality of their situation, and gratitude. It can be in plain and direct language, words that speak directly to the inner emotions that the person is experiencing. "Prayer is a conversation with God. That conversation can rely on the words of traditional prayers or on spontaneous words of prayer, and sometimes the two can be combined."¹²

Mi Shebeirach

Mi Shebeirach is a familiar prayer and can be a source of great comfort and connection. There are several potential options for offering the *Mi Shebeirach* during a visit. One is to chant or sing it in Hebrew. Another is to offer the opening in Hebrew and then continue in English. For many people, the Debbie Friedman melody and lyrics are what is familiar to them. The key is to offer the prayer in a way that is familiar and connecting. Often it can be meaningful to reflect on the meaning of "*r'fuah sh'leimah*" and "*shaleim*" wholeness.

Prayers for Healing When Full Physical Recovery Isn't Possible

What does it mean to pray for healing when full physical recovery isn't possible? What if the person requests a prayer for a miracle? What if the person wishes to pray that they will die? The prayer should be a genuine and honest expression of the pray-er. It is crucial to think about how one will pray for someone with a chronic illness or short prognosis. One might pray that they be free from suffering, to ease their worries, for a sense of wholeness and peace. Here is one version:

¹² Brener, "Prayer and Presence", 131.

... May those who will not be healed on this earth be blessed with nights free from suffering and days filled with peace. May God grant strength and comfort to those who care for the sick. May God help us to find hope and courage as we face fear and loss.

May all who are ill be surrounded by the love of friends, loving companions, families, and community...¹³

***Vidui*: Confession at end of life**

“*Viduy* can be said as a beautiful and intimate prayer in which one affirms their beliefs, hopes, and values as they reach a potential crossroads in their life and focus on making peace above and below. *Viduy* can also be part of a person’s ethical will, through which he or she ensures that their values and hopes are articulated and passed on.”¹⁴

It is important to think about how and when to introduce the concept of *Vidui* if it is a ritual that the person may find meaningful. The pastoral care giver should be sensitive to the feelings of the individual and careful not exacerbate fears or anxieties about the dying process. Many Jews do not know that *Vidui* exists. There may be a vague sense of the need for ritual at end-of-life. It is possible to open the discussion with the public communal *Vidui* that is offered at Yom Kippur and focuses on the themes of atonement and *teshuvah*. *Vidui* is a request for forgiveness. If the person is unable to speak, it may be offered on their behalf. This can be a meaningful experience and a way for loved ones to pray together on behalf of the person.

Many people struggle with the traditional version of this prayer “May my death be an atonement for all of my sins.” Others may find this meaningful. The *CCAR Life-Cycle Guide*

¹³ Congregation Beit Simchat Torah, *Siddur B’chol L’vavcha*, 2008. 130.

¹⁴ Weiner, *Jewish Guide to Practical Medical Decision-Making*, 106.

provides a version of the *Vidui* with different language that may be appreciated by some. It is a prayer for peace and forgiveness. “If my life must soon come to an end, let me die, I pray, at peace.”¹⁵ It is worthwhile to be aware of and familiar with different versions of this prayer. When introducing *Vidui*, it is an opportunity to explore with the patient and family theological beliefs about the soul and afterlife. It is important that the prayer reflect the beliefs and hopes of the patient. The instructions and text for *Vidui* are found in the *Shulhan Arukh*.¹⁶ As death approaches, *Vidui* is an opportunity to request forgiveness and find a sense of peace. Offering *Birkat Kohanim*, (Num. 6:24-26), Psalm 23, and the *Shema* can also be meaningful for patients and families at end-of-life.

Rituals for the Spiritual Care Provider

As a spiritual care provider, it is important to develop self-care techniques, for one’s own well-being as well as others. Rituals to mark transitions between spaces can be helpful in making separation from intense situations and experiences, allowing one to be fully present in the current moment. Ritualized hand-washing with a personal prayer, walking meditation, or even changing shoes are all examples of techniques to transition out of a visit.

It is also recommended to have a collection of readings as a source for one’s own inspiration, comfort, centering, and strength. It is a practice to create personal blessings and rituals to be offered prior to entering a visit.

As I enter into this holy moment,
I pray that it be Your will

¹⁵ *CCAR Life-Cycle Guide, Mourning*, 3.

¹⁶ *Shulhan Arukh Yoreh De’ah* 338:1-2. As cited by Shalhevet, *End of Life: Jewish Choices and Jewish Caring*, 131.

that I might serve You with honor, grace, and compassion.
Help me to extend courage, strength, and comfort
to those in need of healing.
Guide me as I listen wholeheartedly
and strengthen me as I offer support
during this difficult time of need.¹⁷

Example of a personal kavanah written during hospital chaplaincy:¹⁸

As I prepare to visit a patient.
May I be fully present in this moment,
apart from all of the thoughts and worries of the day.
Reading the name on the census,
Whether it is a familiar name or I am meeting this person for the very first
time,
Whether I know a lot about the patient's medical history, family, interests,
or I know nothing about them.
May I greet them with an open heart and mind,
open to whatever they may be experiencing in this present moment.
As I wash my hands, I make a separation,
setting this sacred moment apart from all of the moments that come before
and after.
Guide me, Source of Compassion, and help me to know that in both joy
and sadness, You are with us.

Storytelling and Life Review

Storytelling and life review are sacred acts. Holding space for someone to be able to tell their story can be a profound intervention. Anton Boisen, regarded as the founder of the Clinical Pastoral Education (CPE) movement, viewed every person as a “living human document” and worthy of intense study. Language expresses our inner world. Our stories create a living text. “That language world provides images, symbols, evaluative words, and

¹⁷ CCAR Life-Cycle Guide, Healing.

¹⁸ Personal kavanah.

word vessels for feelings that the storyteller uses to construct an interpretation of the raw stuff of experience.”¹⁹ Through storytelling, people are able to construct meaning from their life experiences. This work is done through narrative and metaphor. Charles V. Gerkin presents a model of pastoral care through engaging with storytelling:

The art of pastoral counseling is in large part the art of drawing upon that imagerial storehouse in the formation of a response to the heard story of the one seeking help. That process, when joined with the process of hearing accurately the story of the other as one having a language and integrity of its own, opens the way to a dialogical encounter from which a new and more hopeful interpretive story for the other’s experience may emerge.²⁰

In “*PaRDeS: A Model for Presence in Livui Ruchani*”, Rabbi Dayle A. Friedman presents a model of interpreting a “living human document” as a form of *livui ruchani*, spiritual accompaniment from Jewish tradition. When a pastoral caregiver is truly present with another it is an encounter with a sacred human text. In this way, the PaRDeS system of textual analysis may also be applied to interpreting a human story. Rabbi Friedman proposes the following four levels of interpretation to a pastoral encounter:²¹

1. *Peshat*: fact: surface level information
2. *Remez*: emotion: expression of feelings
3. *Derash*: meaning: the meaning a person is making of an experience
4. *Sod*: the soul level: connection. “I-Thou” encounter.

¹⁹ Gerkin, “Reclaiming the Living Human Document”, 31.

²⁰ Gerkin, “Reclaiming the Living Human Document”, 32.

²¹ Friedman, “*PaRDeS*,” 44-49.

“Martin Buber described a listening person as ‘one who believes in the creative power of another and is able to demonstrate it by small signs such as a glance, a word, or a touch that he or she grasps the hidden latent unity of a suffering soul.’”²²

Human beings construct meaning from life experience through narrative, archetypes, and metaphors. The ability of the pastoral care provider to listen deeply and engage with the metaphors and stories of another can be a powerful spiritual accompanying. What language does a person use to describe their illness? How do they tell the story of the trajectory of their life? This exploration is important work in understanding their past, present, and future.

In fact, at the New York Jewish Healing Center, we once made a list of metaphors that have been used in discussing/exploring suffering and /or illness: war, battle, struggle, fight; journey, travel; maze, puzzle; script, play, dramatic role; race, competition, marathon; challenge, test, trial, exam; punishment, sentence; exile, homecoming; purge, cleansing, purification; story, narrative, poem, verse; storm, earthquake; burden, weight, cross to bear; gardening, landscaping, pruning; building, construction, renovation.

If we seek to be present for those who are suffering, and perhaps to help them in some way, we need to know their unique and shifting metaphors.²³

Rabbi Rami Shapiro describes a chaplain as a “Midrash-Maker”. In “Our Stories, Our Selves: The Jewish Chaplain as Midrashic Healer,” Rabbi Shapiro defines *midrash* as “the means by which stories are kept alive. *Midrash* keeps stories alive by constantly finding new meaning in old tales.”²⁴ Rabbis and chaplains are healers through storytelling. Spiritual healing is derived from finding meaning on one’s story. “Rabbis and chaplains are on the front lines of the human drama. We cannot change the story, nor ignore it. But we can weave the given tale into a larger *midrashic* portrait of meaning that allows the client to find healing in what is unfolding around and within her.”²⁵

²² Friedman, “PaRDeS,” 49.

²³ Weintraub, *L’Mashal*, 8.

²⁴ Shapiro, “Our Stories, Our Selves”, 4.

²⁵ Shapiro, “Our Stories, Our Selves”, 6.

Psalms

Psalms have the power to provide inspiration, comfort, and clarity to patients, families, and care providers. Psalms give voice to the complex range of emotions experienced during moments of pain, loss, and grief. “Psalms serve as a source of structured expression, to mark certain moments and give a container for feelings, ideas, and values...”²⁶ Hearing the emotions expressed in the ancient words of the psalmist can unlock feelings hidden inside. “For many people, a psalm explored with a rabbi or pastoral caregiver can become a portable, sacred space, an opportunity for meaningful self-care and devotion, long after and far from the pastoral encounter.”²⁷

Suggested Psalms for Specific Moments²⁸

Comfort: 4, 23, 42

Compassion: 86, 103

Courage: 27, 31, 56, 62

Forgiveness: 51, 90

Friendship, unity: (*Hinei Mah Tov*): 133

Gratitude for rescue from danger: 18, 124

Healing: 16, 30, 103, 121

Healer of the broken-hearted, Binder of their wounds: 147

Help: 121, 130, 146

Joy, celebration: 97, 99, 100

Loneliness: 40

Protection: 91, 121

Reflecting on mortality: 49

²⁶ Weintraub, *From the Depths: The Use of Psalms*, 163.

²⁷ Weintraub, *From the Depths: The Use of Psalms*, 164.

²⁸ Modified from Address, *To Honor and Respect*, 11.

Pain: 31, 34

Strength: 1, 40

Suffering from serious illness: 6, 86, 88

Suffering and abandonment: 13

When God feels far away: 27, 139

When the world feels bigger than God: 90

While traveling: 91

Resources for Prayers and Readings

Bulka, Reuven P., *The RCA Lifecycle Madrikh*, Rabbinical Council of America, 1995.

Goor, Donald, and Mark Washofsky. *L'CHOL Z'MAN V'EIT: For Sacred Moments: the CCAR Life-Cycle Guide*. CCAR Press, 2015.

The Institute of Jewish Spirituality offers a variety of resources related to Jewish mindfulness meditation and contemplative prayer. <https://www.jewishspirituality.org/>

Perlman, Debbie. *Flames to Heaven: New Psalms for Healing & Praise*. Rad Publishers, 1998. This is a collection of modern psalms for healing and praise.

Alden Solovy: Alden Solovy is a liturgist and poet who writes prayers for a variety of situations. <http://tobendlight.com/>

Weiss, Eric, and Shira Stern. *Mishkan R'fuah: Where Healing Resides*. Central Conference of American Rabbis, 2013.

Weiss, Eric. *Mishkan Aveilut: Where Grief Resides*. Central Conference of American Rabbis, 2019.

CHAPTER 4: Advance Care Planning

As the end of Jacob's life drew near, he made preparations for his death and burial. He called his son Joseph to him and asked him to vow that he would not bury him in Egypt. Jacob asked Joseph to bury his body in the burial place of his ancestors.¹ Jacob blessed Ephraim, Manasseh, and each of his sons with a personal blessing. He then gave his sons specific instructions for his burial. He asked them to bury him in the cave of his ancestors, Abraham, Sarah, Isaac and Rebecca were buried, the place where he had buried Leah.²

Guiding Questions

- *What is advance care planning and why is it important?*
- *How is advance care planning a Jewish process?*
- *What is the pastoral role of the rabbi in this process?*

Until recent times, death occurred at home, with family members as caretakers and within community. The dying process was a natural and integral part of life and occurred within the realm of the family and religious community. Over the last hundred years, there have been fundamental changes in how and where people die. "By the 1950s, the majority of Americans died in hospitals, and by the 1970s, at least two-thirds did. Americans have long said that they prefer to die at home, not in an institutional setting. Many are horrified by the prospect of expiring under fluorescent lights, hooked to ventilators, feeding tubes and other devices that only prolong the inevitable."³ Research indicates a recent reversal in this trend. In 2017, for the first time in fifty years, more deaths were reported at home than in hospitals.

¹ Gen. 47:29-31

² Gen. 49:29-33

³ Kolata, "More Americans Are Dying at Home Than in Hospitals"

This has been attributed to increasing numbers of people completing advance directives and having conversations with loved ones about end-of-life care as well as the increased availability of home hospice. This often places responsibility on family members to provide care for very sick terminally ill patients at home.⁴

The dying process has also become more extended because of the advancement in medical treatments and technological capabilities. In *Being Mortal: Illness, Medicine and What Matters in the End*, Atul Gawande describes the ways in which modern medical technology has changed the experience of dying. In the past, “the interval between recognizing that you had a life-threatening ailment and dying was commonly a matter of days or weeks... These days, swift catastrophic illness is the exception. For most people, death comes only after long medical struggle with an ultimately unstoppable condition – advanced cancer, dementia, Parkinson’s disease, progressive organ failure (most commonly heart, followed in frequency by lungs, kidneys, liver,) or else just the accumulating debilities of very old age. In such cases, death is certain, but the timing isn’t... Technology can sustain our organs until we are well past the point of awareness and coherence... Is someone with terminal cancer, dementia, or incurable heart failure dying, exactly?”⁵

With advances in medical technology, people are living longer and have significantly more options about medical care and life-prolonging treatments at end-of-life. As medical technology becomes more sophisticated, people have more options for care and the choices are more complex and, at times, challenging to understand. Goals of care discussions have become a central issue for patients, families, and medical professionals. There are many

⁴ Kolata, “More Americans Are Dying at Home Than in Hospitals”

⁵ Gawande, *Being Mortal*, 156-157.

social barriers that make it challenging for people to initiate discussions about the dying process with loved ones. “...an estimated 70 percent of Americans do not discuss these issues before a serious illness occurs or the end of life approaches.”⁶ According to the Conversation Project National Survey (2018), “92% of people say that talking with their loved ones about end-of-life care is important. 32% have actually done so.”⁷ This difficulty in discussing end-of-life issues can create significant anxiety, distress, and isolation. Talking about death in general is a social taboo in American culture. It is upsetting to think about the death of loved ones or face our own reality. It can also bring to the forefront underlying conflict and tensions within family systems, whether related to strained relationships or differences in values between family members.

About a third of adults (35%) say their wishes are written down, whether informally or in a formal document such as a living will or a health care directive. The current share of adults who have put their wishes in writing is about the same as it was in 2005 (34%) and is up sharply from about one-in-six (16%) in 1990. Additionally, roughly six-in-ten adults today (62%) say they have talked with someone about their wishes for end-of-life medical treatment.⁸

People with serious illness have priorities besides simply prolonging their lives. Surveys find that their top concerns include avoiding suffering, strengthening relationships with family and friends, being mentally aware, not being a burden on others, and achieving a sense that their life is complete.⁹

⁶ Rabbi Edith Meyerson, “Honoring Thy Parent(s),” 184.

⁷ The Conversation Project, *Your Conversation Starter Kit*, 2.

⁸ The Pew Research Center, “Views on End-of-Life Medical Treatments”

⁹ Gawande, *Being Mortal*, 155.

Advance Care Planning Discussions

Advance care planning is a process that may take several months; it is much more than signing legal forms. It is a conversation that touches on values, quality of life, and relationships. Advance care planning is a topic that needs to be revisited regularly, especially when significant changes occur in a person's life or family system.

The key elements of advance care planning include:¹⁰

1. Designation of a healthcare proxy / agent.
2. Clarify the personal, cultural, religious / spiritual values that guide end-of-life decision making.
3. Document goals and preferences for health care in the event of sudden illness or injury.

What Makes Advance Care Planning a Jewish Conversation?

Advance care planning discussions are essential conversations, not only when someone has a critical illness, but at all stages of life. Jewish tradition teaches that life is sacred. Discussions about quality of life and goals of care are therefore sacred conversations and can be supported within the framework of Jewish tradition. Judaism has a rich tradition of dialogue and engaging with text as a means to clarify values. Open dialogue about values strengthens relationships and creates community. The Reform Jewish value of “informed choice” connects strongly with the concept of informed medical decision making. Individuals have the right and responsibility to make informed decisions about medical care that reflects their personal values.

“Honor your father and your mother, that you may long endure on the land that the Eternal your God is assigning to you.”¹¹ The commandment to “Honor your father and

¹⁰ *What Matters* FAQs.

¹¹ Ex. 20:12

mother” is a guiding ethical principle when considering the importance of advance care planning. What does it mean to honor one’s parents? May this commandment to honor one’s parents be extended to other close loved ones and dependents?

“The Hebrew word used in the text is ‘*kibbud*’ which by most accounts is best translated as ‘giving weight’ or importance to another person. Many commentators translate and interpret the word honor as referring to an obligation to give ‘weight’ or ‘seriousness’ to one’s parents. Being responsible for one’s parents and their medical decision making, especially in the event of serious illness, is indeed a heavy burden. Not only is there a wide range of opinion about what it really means to respect and honor a seriously ill parent, but also end-of-life care is complex and highly context dependent...”¹²

“...modern medical treatments offered to a parent in the midst of serious illness must always acknowledge the parent as a human being – a person with opinions, priorities, and preferences that must be heard and honored.”¹³

The Jewish community can provide a safe space for these crucial conversations to occur. Congregational rabbis have a unique opportunity to support individuals and families as they navigate advance care planning and end-of-life decision making.

Ways that Jewish communities can support individuals and families:

- Offer sermons about end-of-life care and advance care planning as sacred conversation.
- Host speakers, discussions, text study, and events focused on topics including advance care planning, creating ethical wills, and organ donation.

¹² Rabbi Edith Meyerson, “Honoring Thy Parent(s),” 186.

¹³ Rabbi Edith Meyerson, “Honoring Thy Parent(s),” 196.

- Facilitate advance care planning conversations and completion of advance care directives. Offer training to staff and congregants on this process.
- The *Yamim Noraim* are a perfect time to reflect on what it means to live a meaningful life and create a legacy. Offer programming focused on values related to end-of-life.

The 2017 PEW Charitable Trusts “How Faith Communities Facilitate Conversations Around End-of-Life Concerns” Report indicates that “faith communities are a natural, appropriate venue for advance care planning.... Numerous interviewees called advance care planning “a gift” or “a blessing” for their families that would save them from the pain of making uninformed medical decisions when confronted by a crisis.”¹⁴

Four themes emerged from the study:¹⁵

1. Faith communities are a natural, appropriate venue for advance care planning.
2. For people of faith, advance care planning can be simultaneously a theological, medical, and legal process.
3. Some faith communities make a theological distinction between actions taken to hasten death (such as suicide or euthanasia) and the decision to forgo or withdraw life-sustaining treatment when death is inevitable.
4. Many faith communities are open to a variety of tools for advance care planning, including trainings, workshops, sermons, book discussion groups, film screenings, forums, and even board games

Glossary of Terms: Advance Care Planning¹⁶

Advance Care Planning (ACP): “Advance care planning is the process of understanding possible future health care decisions; considering what you might want for yourself, taking into account your personal, cultural, religious, and/or spiritual values; talking about these

¹⁴ PEW Charitable Trusts, “How Faith Communities Facilitate Conversations Around End-of-Life Concerns”, September 21, 2017.

¹⁵ PEW Charitable Trusts “How Faith Communities Facilitate Conversations Around End-of-Life Concerns”, September 21, 2017.

¹⁶ Definitions adapted from: *What Matters FAQs*, Address, *A Time To Prepare*, “Terms You Should Understand,” pp. 31-32, *Conversation Project* “Glossary of Terms related to Advance Directives and End of Life” and PEW Charitable Trusts, “How Faith Communities Facilitate Conversations Around End-of-Life Concerns”, Appendix B: Glossary, pp 24-25.

choices with your doctors and people close to you; and making a plan for dealing with future possible health care situations. Advance care planning is important at any age.”¹⁷

Advance Directive (AD): “An advance directive is a document that expresses your goals, values, and preferences for health care, and the actions that should be taken if you are no longer able to make such decisions because of illness or incapacity.”¹⁸

Health Care Agent/Proxy (HCP): “A health care agent (also referred to as the health care proxy) is the person who is legally designated to make your health care decisions if you cannot make them yourself.”¹⁹

Health Care Proxy Form: “A health care proxy form is a type of advance care directive that allows you to designate someone to make health care decisions for you if you cannot make such decisions for yourself. What Matters encourages all adults 18 years and over to complete this legally recognized form, share copies of the health care proxy form with loved ones and physicians, and carry the health care proxy wallet card, available through What Matters facilitators, at all times. You can find the New York State health care proxy form on the state's Department of Health website”²⁰

Capacity: “In relation to end-of-life decision-making, a patient has medical decision-making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the treatment options. The term is frequently used with competency but is not the same. Competency is a legal status imposed by the court.”²¹

Ethical Will: “A document expressing a person’s values, memories, life lessons, advice, and blessings for the future. It is not a legal document. “An Ethical Will is a vehicle for articulating individual values and considering your legacy by exploring essential questions in ways that can be shared with your family and loved ones... Ethical wills discuss nontangible assets, like favorite stories, life lessons, and blessings for the future, and can be communicated through the written word, audio, video, and other creative formats. The Jewish Ethical Wills Project provides resources to guide individuals through this process within the embrace of Jewish wisdom and tradition.”²²

¹⁷ *What Matters FAQs*

¹⁸ *What Matters FAQs*

¹⁹ *What Matters FAQs*

²⁰ *What Matters FAQs*

²¹ Conversation Project, *Glossary of Terms*.

²² Adapted from *What Matters FAQs*

Goals of Care discussion: Goals of Care conversations focus on discussing goals and wishes with patient, Health Care Proxy, and loved ones in order to make decisions about treatment options.

Halachic Medical Directive: An advance directive “designed to help ensure that all medical and post-death decisions made by others on your behalf will be made in accordance with Jewish law and custom (*halacha*).”²³

Living Will: “A living will is another type of advance care directive that lists the specific medical interventions you would or would not want under various circumstances.”²⁴

Physician Orders for Life-Sustaining Treatment (POLST) or Medical Orders for Life-Sustaining Treatment (MOLST): “are created with and signed by a health professional, usually a physician, for someone who is seriously ill. Because they are actual doctor’s orders, they are more likely to be followed by other health professionals, including emergency personnel. In specific states, the abbreviations used vary slightly and include POST, MOST, MOLST, and others.”²⁵

Power of Attorney: “A legal document allowing one person to act in a legal matter on another’s behalf about financial or real estate business.”²⁶ In some states, “medical power of attorney” or “healthcare power of attorney” is used to refer to a health care proxy.

Surrogate: “A person who, by default, becomes the substitute decision-maker for an individual who has no appointed agent.”²⁷

Code: a “code” is called when a patient goes into cardiac or respiratory arrest.

Code Status: the level of medical interventions that a patient wishes to be initiated if their heartbeat or breathing stops.

Full Code: a patient wishes to have all interventions necessary to get their heart started. This means that all medical treatments will be done to prolong life when the heart or breathing stops, including CPR, intubation, and transfer to a hospital.

²³ Adapted from Agudath Israel of America, Halachic Living Will.

²⁴ *What Matters FAQs*

²⁵ PEW Charitable Trusts, “How Faith Communities Facilitate Conversations”

²⁶ Conversation Project, *Glossary of Terms*.

²⁷ PEW Charitable Trusts, “How Faith Communities Facilitate Conversations”

CPR: Cardiopulmonary Resuscitation: “A group of treatments used when a person’s heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It entails pressing on the chest to cause blood to circulate, applying electrical shocks to re-establish the heart’s rhythm, and may or may not consist of mouth-to-mouth breathing, or other method of ventilation.”²⁸

DNR: “Do Not Resuscitate: A physician’s order written in a patient’s medical record indicating that health care providers should not attempt CPR in the event of cardiac or respiratory arrest. In some regions, this order may be transferable between medical venues. Also called a No CPR order, a DNAR (do not attempt resuscitation) order, and an AND (allow natural death) order.”²⁹

DNI: Do Not Intubate: a DNI order is an advance directive that instructs medical personnel not to intubate a patient.

Comfort measures only: MOLST designation. Comfort measures are medical care and treatment focused on relieving pain and symptoms.

Intubation: “A procedure consisting of the introduction, through the mouth or nose into the larynx, of a tube designed to keep the air passage open at this point. It enables resuscitation and artificial ventilation to be carried out.”³⁰

Extubation: the removal of a tube previously inserted into a patient's body, especially that of an artificial ventilation tube.

Artificial nutrition and hydration: “Artificial nutrition and hydration replaces eating and drinking by giving a balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.”³¹

PEG tube: percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach.

Terminal Condition: “The terminal stage of an irreversibly fatal illness, disease, or condition. While determination of a specific life expectancy is not required for a diagnosis of a terminal condition, a prognosis of a life expectancy of one year or less with or without

²⁸ PEW Charitable Trusts, “How Faith Communities Facilitate Conversations”

²⁹ PEW Charitable Trusts, “How Faith Communities Facilitate Conversations”

³⁰ Black’s Medical Dictionary

³¹ Conversation Project, *Glossary of Terms*.

treatment is generally considered terminal. In many situations, a six month period is used regarding hospice care.”³²

What is Palliative Care?

Palliative care is a relatively new interdisciplinary approach to caring for individuals and families who are suffering with serious illness. Delivered by a team of providers from a range of disciplines, palliative care assesses and addresses medical and psycho-social-spiritual symptoms and needs. Unlike hospice, which is limited to care of the dying, palliative care is appropriate at any stage of a serious illness, and can be provided at the same time as other medical treatments. Although most palliative care programs in the United States are hospital based, it is available in many different health care settings, including the home, long-term-care facilities, and hospice.³³

To “palliate” means to ease or to make less severe. Palliative care is focused on supporting the best quality of life possible and relief from pain and other symptoms. It is not only for patients at end-of-life. Palliative care may be provided alongside other treatment. Palliative care may be provided in a hospital or care facility, at home, or on an outpatient basis. Palliative care utilizes an inter-disciplinary team approach to integrate the psychological and spiritual aspects of care into the treatment plan. The Palliative Care Interdisciplinary Team (IDT) works collaboratively to support individuals and families in their personal goals of care.

What is Hospice?

Hospice is a form of palliative care for people in the final months of life. Hospice care is appropriate for patients in the “terminal phase,” which Medicare defines as a life expectancy

³² Address, *A Time To Prepare*, “Terms You Should Understand,” pp. 31-32.

³³ Rabbi Edith Meyerson, “Honoring Thy Parent(s),” 183-184.

of 6 months or less if the disease runs its natural course. Hospice care is provided to patients and families by an interdisciplinary team. It may be provided at home, in a hospital or care facility.

It is important to know the laws that apply in your state and to be familiar with the relevant terms and legal documents. The laws and documents related to advance care planning vary significantly from state to state. The National Hospice and Palliative Care Organization (NHPCO) website provides links advance directive documents for each state: There are also additional resources listed in resources below.

Designation of a Health Care Agent/Proxy (HCP)

The designation of a Health Care Proxy is an important decision. A healthcare agent does not necessarily need to be a family member. It is important that potential HCPs are asked and are willing to accept this role. Many people do not have anyone in their life that they feel comfortable designating as a Health Care Proxy and this can be a source of fear and shame. Others feel anxious about discussing their choices with family members, i.e. why they selected one child over the others or why they have designated a friend instead of family members. This is a significant opportunity for clergy to provide pastoral counseling related to family systems and communication.

When to Complete a Health Care Proxy Form:³⁴

- At the age of 18.
- Reviewing and updating at the beginning of each decade (20, 30, 40, 50...)
- Going to college
- Getting married or divorced

³⁴ The Conversation Project, “Who Will Speak For You?,” 3.

- Having children
- Becoming eligible for Medicare
- Going on a major trip
- When newly diagnosed with a serious illness

The *Conversation Project* identifies the following factors to consider when choosing a Health Care Proxy:³⁵

1. Will the person make decisions that are in line with your wishes? (Even if their own wishes are different from yours?)
2. Will the person be comfortable speaking up on your behalf?
3. Will the person be good at making decisions in changing circumstances?

Loved ones can experience significant emotional anguish in discussing goals of care and advance care planning. It is important for family members to be able to differentiate between:

1. What they would want for themselves if they were in this situation
2. What they personally want for the patient
3. The patient's wishes for care

In an emotionally charged situation, it may be difficult for family members to distinguish among these three wishes. It is also important to ensure that they are upholding the patient's wishes and advocating for the patient. This can relieve feelings of doubt, guilt, and responsibility for decisions that may feel extremely difficult.

³⁵ The Conversation Project, "Who Will Speak For You?," 4-5.

RESOURCES³⁶

Organizations

What Matters: Caring Conversations About End of Life

What Matters: Caring Conversations About End of Life is an excellent example in New York City of how Jewish community can create a safe and supportive space for advance care planning conversations to occur. The vision is “Guided by Jewish values, we envision a community that embraces advance care planning as a natural part of life, where end of life decisions are known, respected, and honored.” This initiative builds upon Respecting Choices® (see below). Through one-on-one meetings and group workshops, the program helps individuals to consider and document their end of life healthcare preferences and choose an appropriate health care agent/proxy.

What Matters trained and certified facilitators guide individuals through the process of making these decisions, completing an advance directive that expresses their values, goals, and preferences, and communicating this plan to loved ones. The process includes reflecting on values and beliefs and exploring what it means to “live well”. During this process, facilitators may refer individuals to clergy for further discussion about beliefs and concerns.
<https://jccmanhattan.org/what-matters>

Understanding Advance Care Planning as A Jewish Process:

https://jccmanhattan.org/sites/default/files/2019-07/What_Matters_Advance_Care_Planning_Jewish_Process_Resource_sheet_Feb_2019.pdf

Respecting Choices®

Respecting Choices® is an evidence-based model of advance care planning that creates a healthcare culture of person-centered care, honoring an individual's values and their goals for their current and future healthcare. *What Matters* facilitators are trained in accordance with Respecting Choices® certification standards.

³⁶ Resources adapted in part from *What Matters: Caring Conversations About End of Life*, “Materials and Resources” and “Understanding Advance Care Planning as A Jewish Process.”

<https://respectingchoices.org/>

Five Wishes

Five Wishes is an approach for discussing and documenting care choices. *Five Wishes* offers an online easy-to-use advance directive document as well as a conversation guide for individuals and families. *Five Wishes* specifically explores emotional and spiritual needs as well as wishes for medical care.

<https://fivewishes.org/>

Jewish Sacred Aging

Rabbi Richard F. Address, D.Min, is the Founder and Director of Jewish Sacred Aging, a forum focused on creating awareness and providing resources for congregations about the “aging revolution” and its impact on Jewish life. There are a wide variety of resources available, including D’vrei Torah, “Seekers of Meaning Podcast”, and upcoming events.

<https://jewishsacredaging.com/>

National Hospice and Palliative Care Organization

NHPCO

Provides resources to hospice and palliative care providers as well as patients and families. Access to a broad range of information, including advance directive forms.

<https://www.nhpco.org/>

Advance directive forms by state:

<https://www.nhpco.org/patients-and-caregivers/advance-care-planning/advance-directives/downloading-your-states-advance-directive/>

Details about Palliative Care and Hospice:

https://www.nhpco.org/wp-content/uploads/2019/04/PalliativeCare_VS_Hospice.pdf

Reimagine End of Life

Reimagine is a resource for information about end-of-life. Reimagine End of Life collaborates with hosts to organize events. The mission is “Reimagine End of Life is a community-wide exploration of death and celebration of life through creativity and conversation. Drawing on the arts, spirituality, healthcare, and design, we create weeklong series of events that break down taboos and bring diverse communities together in wonder, preparation, and remembrance.”

<https://letsreimagine.org/>

The Jewish Ethical Wills Project

Provides resources to engage communities in creating ethical wills.

<https://jccmanhattan.org/jewish-life/jewish-ritual-life/jewish-ethical-wills>

The Conversation Project

“The Conversation Project® is a public engagement initiative with a goal that is both simple and transformative: **to have every person’s wishes for end-of-life care expressed and respected.**” The Conversation Project offers tools to start conversations about advance care planning. This includes guides specifically focused on how to choose a Health Care Proxy, how to talk to one’s doctor, and also a guide for loved ones of people with Alzheimer’s disease or another form of dementia.

<https://theconversationproject.org/>

Chayim Aruchim

“The Center for Culturally Sensitive Health Advocacy and Counseling was established by **Agudath Israel of America** to help our community make health care decisions according to halacha. With a team of halachic authorities, legal experts, medical, patient and pastoral care professionals and high-level government policy advocates, *Chayim Aruchim* endeavors to serve as a vital resource in championing, promoting and ensuring the implementation of preferences of Torah observant patients' care decisions in compliance with halacha.”

Chayim Aruchim offers Halachic Medical Directives by state on the website.

“The “Halachic Medical Directive” is designed to help ensure that all medical and post-death decisions made by others on your behalf will be made in accordance with Jewish law and custom (halacha).”

<https://www.chayimaruchim.com/>

Videos

Sage Voices

Sage voices is an excellent online resource that provides videos of rabbis speaking about end-of-life issues within the framework of Jewish tradition.

Topics include:

- Artificial Nutrition and Hydration
- Life Support
- Do Not Resuscitate (DNR)
- Palliative Care
- Organ Donation
- Ethical Wills

<http://www.jtsa.edu/sage-voices>

Reimagining End-of-Life Care: A Multi-Faith Exploration

Video of 2018 lecture:

<http://www.jtsa.edu/reimagining-end-of-life-care>

“**Wit**” – movie about the experience of a woman undergoing aggressive cancer treatment.

Podcast:

“A Good End”

“a new conversation about Judaism, death, and dying in the 21st century.”

https://www.myjewishlearning.com/landing/__agoodend/

Planning Tools

Hello

Hello is a conversation game about end-of-life. It is designed to be an easy and non-threatening way for communities to start conversations about end-of-life care.

<https://commonpractice.com/>

Guides

Neshama: Association of Jewish Chaplains (NAJC)

Guide to Traditional Jewish Observance in a Hospital:

Download as PDF:

<http://jewishchaplain.net/2018/09/03/guide-to-traditional-jewish-observance-in-a-hospital/>

Books

Address, Richard F. ed. *A Time to Prepare: a Practical Guide for Individuals and Families in Determining a Jewish Approach to Making Personal Arrangements, Establishing the Limits of Medical Care, and Embracing Rituals at the End of Life*. UAHC Press, 2002.

Address, Richard F., and Andrew L. Rosenkranz. *To Honor and Respect: a Program and Resource Guide for Congregations on Sacred Aging*. URJ Press, 2005.

Behoref Hayamim, *In the Winter of Life: A Values-Based Jewish Guide for Decision Making at the End of Life*, Reconstructionist Rabbinical College, Center for Jewish Ethics Wyncote, PA, 2002.

Byock, Ira, *Dying Well: Peace and Possibilities at the End of Life*, Riverhead Books, 1999.

Byock, Ira, *Four Things That Matter Most: a Book about Living*, Atria Books, 2014.

Byock, Ira, “Imagining People Well” chapter from “*Awake at the Bedside: Contemplative Teachings on Palliative and End-Of-Life Care*.”

Fins, Joseph and Rabbi Daniel S. Brenner, *Embracing Life and Facing Death: A Jewish Guide to Palliative Care*, New York: CLAL, 2005.

Gawande, Atul. *Being Mortal*. Anchor Canada, 2017.

Kalanithi, Paul. *When Breath Becomes Air*. Random House USA, 2019.

Dorff, Elliot N., *On Matters of Life and Death: A Jewish Approach to Modern Medical Ethics*, Philadelphia, PA: Jewish Publication Society, 2003.

Gordon, Harvey L. *Questions and Answers About Jewish Tradition and the Issues of Assisted Death*, New York: URJ Press, 2006.

Mackler, Aaron ed, *Life and Death Responsibilities in Jewish Biomedical Ethics*, New York: JTS Press, 2000.

Meszler, Joseph B., *Facing Illness, Finding God: How Judaism Can Help You and Caregivers Cope When Body or Spirit Fails*, Woodstock, VT: Jewish Lights, 2010.

Olitzky, Kerry M. *Jewish Paths toward Healing and Wholeness: A Personal Guide to Dealing with Suffering*. Jewish Lights, 2000.

The Outstretched Arm: Jewish Principles of Care for the Dying. New York: The National Center for Jewish Healing, 2001.

Riemer, Jack and Nathaniel Stampfer, *So That Your Values Live On: Ethical Wills and How to Prepare Them*, Woodstock, VT: Jewish Lights, 1993.

Dame Cicely Saunders: significant role in the birth of the hospice movement, emphasized the importance of palliative care in modern medicine. Author of multiple books.

Articles

“The Town Where Everyone Talks About Death- LaCrosse, WI.”

<https://www.npr.org/sections/money/2014/03/05/286126451/living-wills-are-the-talk-of-the-town-in-la-crosse-wis>

Reports

The PEW Charitable Trusts, “How Faith Communities Facilitate Conversations Around End-of-Life Concerns”, September 21, 2017.

Full report:

http://www.pewtrusts.org/~media/assets/2017/09/eol_how_faith_communities_facilitate_conversations_around_end_of_life_concerns.pdf

Brief overview of study:

<https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2017/09/how-faith-communities-facilitate-conversations-around-end-of-life-concerns>

For Additional Resources

What Matters: Caring Conversations About End of Life,

Materials and Resources:

<https://jccmanhattan.org/jewish-life/jewish-ritual-life/what-matters/materials-resources>

CHAPTER 5: End-of-Life Decision Making

“... I have put before you life and death, blessing and curse.

Choose life so that you and your offspring may live.”¹

“A season is set for everything, a time for every experience under heaven:

A time for being born and a time for dying,”²

Guiding Questions

- *What are the kinds of decisions that individuals and loved ones may be required to make regarding medical care at end-of-life?*
- *What is the role of the rabbi in these moments? How might the rabbi provide support to individuals and family at end-of-life?*
- *What Jewish values inform our approaches to difficult and complex decisions regarding goals of care at end-of-life?*

With advances in medical technology, decisions about medical care at end-of-life are becoming increasingly more complex. Individuals and family members may be asked to make important decisions at various moments over the course of the dying process. It can feel overwhelming, especially when coupled with anticipatory grieving and emotional distress associated with prolonged illness.

Prior conversations about health care decisions and a clearly written advance directive can alleviate the weight of having to make difficult decisions for loved ones. It may also prevent conflicts within families regarding choices. Advance care planning discussions

¹ Deut. 30:19

² Eccles. 3:1-2

are sacred conversations because they empower loved ones to honor and uphold the wishes of the individual.

Potential Medical Decisions at End-of-Life

- Cardiopulmonary resuscitation (CPR)
- Artificial respiration (mechanical ventilator)
- Artificial nutrition and hydration (nourishment and water provided by feeding tube)
- Surgical procedures
- Aggressive medical procedures (like radiation and chemotherapy)
- Blood transfusions
- Transplantation
- Kidney Dialysis
- Antibiotics
- Diagnostic Tests
- Pain relief

Advance Directives allow the individual to specify medical treatments that they would want in different situations. For some, it is important to clearly outline specific wishes for medical treatment in different situations. It is impossible, however, to anticipate every situation that may arise in the future. If one expresses their personal values that guide important decisions in their Advance Directive, their Health Care Agent/Proxy is able to make decisions on their behalf according to their wishes when the individual is unable to do so for themselves.

As an example, the *New York State Health Care Proxy Form* provides sample language for making specific instructions:

New York State Health Care Proxy Form Instructions:...

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don't want to receive the following types of treatments....

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:....

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments:.....³

The *Five Wishes* Advance Directive document provides space for individuals to specify medical treatments that they would want in the following four situations:

1. Close to death: ...likely to die within a short period of time, and life-support treatment would only delay the moment of my death...
2. In a coma and not expected to wake up or recover
3. Permanent and severe brain damage and not expected to recover
4. In another condition under which I do not wish to be kept alive: If there is another condition under which I do not wish to have life-support treatment, I describe it below...⁴

What if an individual did not write an Advance Directive? Families may come to their rabbi to discuss how to approach decision making about medical care in the absence of an Advance Directive. It can be helpful to explore with the family the following: Did the individual talk about values and wishes in conversations in the past? This might have been in response to situations of family and friends. What would the individual say if they could speak right now? Bring their voice into the conversation as much as possible.

In addition to making decisions about withholding or withdrawing medical treatment at end-of-life, recent state legislation in the United States is significantly impacting the choices that terminally ill patients have in terms of their care. Oregon was the first state in the United States to pass “death with dignity” laws in 1994 and 1997. “By October, 2019, 22

³ *New York State Health Care Proxy Form Instructions*

⁴ *Five Wishes, Advance Directive, 7.*

percent of Americans will live in places where residents with six months or less to live can, in theory, exercise some control over the time and manner of their deaths.”⁵ This is a highly controversial topic. Laws vary significantly between states.

How can these medical options be regarded as sacred decisions within the framework of Jewish tradition? What are the guiding values and principles that inform these decisions?

It is not unusual that as the flame of life flickers down, there exists a balancing of issues and interests. Profound spiritual moments are often presented. Opportunities for reflection, blessing and reconciliation often emerge. The discussions of how someone wishes to be treated at life’s end provide the family with moments of sacred potential. Respect for and the dignity of the patient is of a high priority and is rooted in our tradition.⁶

Rabbi Richard Address in “Making Sacred Decisions: Medical Technology and Jewish Values” states: “From a look at the texts, we can determine the existence of a fundamental ethic that guides us in making decisions: The dignity and sanctity of human life and the preservation of that human life in dignity and in sanctity.”⁷

Guiding Jewish Values at End-of-Life

1. The sanctity of human life. Human beings are created *b’tzelem Elohim*, in the image of God.⁸
2. *Pikuach Nefesh* – the preservation of human life. We are obligated to seek healing in the face of illness.⁹

⁵ Span, Paula, *The New York Times*, “Aid in Dying Soon Will be Available to More Americans. Few Will Choose It.” 2019.

⁶ Address, *A Time to Prepare*, 2.

⁷ Address, *To Honor and Respect*, 78

⁸ Gen. 1:27

⁹ Lev. 18:5, *B. Yoma* 85b,

3. Dying is a natural part of life. We do not hasten or prolong the dying process.

There is an essential distinction made between an action that would hasten the patient's death and the removal of an impediment "which serves only to impede the patient's otherwise imminent death. The former is forbidden, the latter is permitted."¹⁰ "Jewish tradition teaches that we achieve this compassion through two means: measures aimed at the relief of pain, and the cessation of unnecessary medical treatment for the terminally ill."¹¹ "While Judaism holds a high value to the preservation of life, it also does not require us to prevent the natural process of dying."¹²

In the thesis "*Asher Yatzar*, But What If One of My Organs Were to Fail? A Liberal Lens on End-Of-Life Decision Making," Intraub observed that "Medical technology advances at such a fast pace and the lines between prolonging life and hastening death become increasingly blurry."¹³ "The same technology that helps to prolong life can also simply delay the inevitability of death."¹⁴

Rabbi Address defines three additional factors that impact decisions in modern times, which he terms "wild cards."¹⁵

1. Autonomy
2. Technology
3. Spirituality

¹⁰ CCAR Responsum 5754.14 "On Treatment of the Terminally Ill"

¹¹ CCAR Responsum 5754.14 "On Treatment of the Terminally Ill"

¹² Rabbi Joy Levitt, Sage Voices

¹³ Intraub, "Asher Yatzar," 7.

¹⁴ Address, *A Time to Prepare*, 38.

¹⁵ Address, *To Honor and Respect*, 78-79

Autonomy

Rabbi Address identifies autonomy as a “major issue for contemporary Jews: the conflict between the belief that this is ‘my body’ and ‘my life’ versus the belief that ‘my body and my life are a gift from God and I do *not* have ultimate control.’”¹⁶ In “Sage Voices,” Rabbi Eliezer Diamond reflects on important axioms in Jewish law: life is of infinite value and life is a divine gift which is therefore not absolutely our own.¹⁷ One key factor in determining how Jewish tradition approaches end of life decisions is the understanding of ownership. Does life belong to the individual or is it borrowed from God?

Traditional Judaism believes that God “owns” the individual. One’s life is the possession of God, and thus, even though humanity has the freedom to act in the world, that freedom is limited by the conditions of the covenant, i.e. the *mitzvot*... Liberal Judaism has rejected the idea that God “owns” the individual. It sees the autonomy of the individual freely limited by the individual in order to be in relationship. The individual Jew must then take full responsibility for the moral choice, and one then has complete control over her or his body.¹⁸

The personal understanding of autonomy in relationship with God is an important topic to explore with individuals and family members during pastoral conversations. This understanding will guide the ways in which the individual approaches decision making.

Technology

Rabbi Address teaches that “Information does not always equal knowledge... Technology has given us many gifts; however, just because we ‘can’ do something does not

¹⁶ Address, *To Honor and Respect*, 78

¹⁷ Rabbi Eliezer Diamond, “Sage Voices”

¹⁸ Staitman, “Withdrawing or Withholding Nutrition, Hydration or Oxygen from Patients”, 3

always mean that we ‘should’ do something.”¹⁹ How do we define knowledge and understanding within the context of medical decision making?

The fourth blessing of the *Amidah* is a blessing for knowledge: “You grace humans with *daat* (knowledge) and teach mortals *binah* (understanding). Graciously share with us Your *chochmah* (wisdom), *binah* (insight), and *daat* (knowledge).”²⁰ For some people with a terminal illness, knowledge is empowering. They want to have the details about prognosis and what to expect in the progression of their disease. For others, this information may cause distress. They may choose to have their family members receive the details about their condition. It is important to ask what information individuals want to receive and how they most appreciate receiving updates. This is a way of honoring their values and dignity.

Midrash Tanchuma speaks to the knowledge of our mortality in the explication of “And the Lord God planted a garden in Eden from the east, and He placed there the man whom He had formed.”²¹

He has made everything beautiful in its time; He also has put eternity into their heart.” (Eccle. 3:11) In this verse, *ha’olam* is spelled without the *vav*. Why? If the Holy One, blessed be He, had not hidden the day of one’s death from people, a person would neither build nor plant; for he would have said, “Tomorrow I shall die. Why should I persist in toiling for the sake of others?” The Holy One, blessed be He, therefore, concealed the day of their death from human hearts, so that one would build and plant.²²

For some, it is regarded as a blessing and a kindness to not to know the details of when or how they are going to die. It can cause significant emotional, psychological, and spiritual distress to receive detailed information about a short prognosis and the progression

¹⁹ Address, *To Honor and Respect*, 78

²⁰ Frishman, *Mishkan T’filah*, 84.

²¹ Gen. 2:8

²² *Midrash Tanchuma Parshat Kedoshim Siman 8*

of disease. Despite all of the advances in medical technology, many find comfort in the belief that how and when they will die is in God's hands.

Spirituality

Regarding spirituality, Rabbi Address asks “In making decisions, how do we see God?”²³ In “Making Sacred Decisions: Medical Technology and Jewish Values,” he provides a sample form for creating a personal Spiritual History. “This third factor is the desire for spiritual significance – the search for one's own meaning and purpose.”²⁴ People continue to create meaning throughout all stages of life.

Halakhic Terms for People with a Terminal Illness

1. *Goses* “גֹּסֵס” - a person who is dying

Gesisah “גְּסִיָּסָה” – the state of dying

A person with a life expectancy of less than three days. Individuals who are dying have been placed into a special halakhic category since the time of the *Mishnah*.²⁵ The period of three days was later derived from the *Shulhan Arukh*: “One who is informed, 'We saw your relative in a dying condition three days ago,' is bound to mourn for him.”²⁶

2. *Terefah* “טֵרֶפָּה” – a person with a life expectancy of less than one year.

²³ Address, *To Honor and Respect*, 78.

²⁴ Address, *A Time to Prepare*, 39.

²⁵ As cited by Rabbi Walter Jacob pg. 94: *Semahot* 1:3, *M. Oholot* 1:6, *Gittin* 28a, *Yad. Hil Avel* 4:5, *Tur* and *Shulhan Arukh, Yoreh Deah* 339 and Isserles. *Perishah* to *Tur, Yoreh Deah* 339.

²⁶ *Shulhan Arukh Yoreh De'ah* 339:2

This definition is derived from Rambam *Hilkhot Rotzeach* 2:8.²⁷ The context for this category is in defining the punishment for killing someone who is a “*terefah*”.

When, by contrast, a person is considered *terefah*, even though he eats, drinks and walks in the market place, one is not held liable by an earthly court for killing him.²⁸

The implication is that one is not held liable for killing a *terefah*.

How do these categories and time periods relate to prognoses in modern times? Rabbi In "End-stage Euthanasia," Rabbi Walter Jacob argues:

We also need a clear definition of the ‘end stage of life’ and should look at contemporary medical research for it. With the modern technology available to us, it is legitimate to define that stage by specific conditions rather than a time frame. For example, an irreversible coma, brain death, the recognized final painful stages of various forms of cancer, AIDS, Huntingon’s Chorea, and other diseases for which there is neither a cure nor a way of halting the progress of the disease.²⁹

Glossary of Medical Terms

Euthanasia: Literally meaning the procuring of an easy and painless death, euthanasia (or ‘mercy killing’) has come to be understood as a deliberate act or omission whose primary intention is to end another person's life. Much debate has centered on whether individuals should be entitled to manage their own death or appoint others to do so for them (voluntary euthanasia.)³⁰

Persistent Vegetative State (PVS): PVS may occur in patients with severe brain damage from hypoxia or injury. Patients do not display any awareness of their surroundings, and are unable to communicate. Sleep alternates with apparent wakefulness, when some reflexes may

²⁷ As cited by Shalhevet, 27.

²⁸ Rambam *Hilkhot Rotzeach* 2:8

²⁹ Jacob, “End-stage Euthanasia”, 95

³⁰ Black's Medical Dictionary

be present: for example, patients' eyes may reflexively follow or respond to sound, their limbs can reflexively withdraw from pain, and their hands can reflexively grope or grasp. Patients can breathe spontaneously, and retain normal heart and kidney function, although they are doubly incontinent. For a diagnosis of PVS to be made, the state should have continued for more than a predefined period, usually one month. Half of patients die within 2–6 months, but some can survive for longer with artificial feeding... The ethics of keeping patients alive with artificial support are controversial. In the UK, a legal ruling is usually needed for artificial support to be withdrawn after a diagnosis of PVS has been made. The chances of regaining consciousness after one year are slim and, even if patients do recover, they are usually left with severe neurological disability.³¹

Brain-Stem Death: Brain damage, resulting in the irreversible loss of brain function, renders the individual incapable of life without the aid of a ventilator. Criteria have been developed to recognize that irreversible brain damage without chance of recovery has occurred and to allow ventilation to be stopped: in the UK, these criteria require the patient to be irreversibly unconscious (not due to medication) and unable to regain the capacity to breathe spontaneously...³²

Rabbi Mark Staitman concluded that a persistent vegetative state does not fit into the traditional categories of *goses* or *terefah*. He defines it as a state of “theological death,”³³ a new category of existence. “This new category of existence, a breathing body which has no potential for the performance of *mitzvot*, is disturbing.”³⁴ It is possible for a person to exist in this state on an artificial respirator and nutrition for months or years. Traditional Judaism would prohibit withdrawing nutrition in this state. There is no possibility of ever regaining cognition or senses. Staitman concludes that nutrition, hydration, and artificial ventilation may be withheld or withdrawn when someone is in a persistent vegetative state. “The

³¹ Black's Medical Dictionary

³² Black's Medical Dictionary

³³ Staitman, “Withdrawing or Withholding Nutrition,” 9.

³⁴ Staitman, “Withdrawing or Withholding Nutrition,” 9.

inability to sustain respiration independently indicates the inability to live. The respirator does not sustain life, but delays death. It has much the same status as the chopping sound which prevents the *goses* from dying.”³⁵

Jewish Texts

Shulhan Arukh Yoreh De'ah 339:1

A *goses* is (to be considered) like a living person in all respects. One does not bind his jaw, anoint him, purge him, stop up his orifices, remove his pillow, nor place him on the sand, floor, or ground. One does not place a plate on his belly, nor a bit of salt. The announcement [of death] is not made, nor flute players or mourners hired. And one does not close his eyes until he has died. Anyone who closes another's eyes at the moment the *nefesh* is leaving has shed blood. One does not tear one's clothing, remove one's shoes, give a eulogy or bring a casket into the house where the dying person is located until the person has died. And one does not recite *tzidduk ha-din* until the *nefesh* has gone out.³⁶

Rabbi Moses Isserles Gloss on Shulhan Arukh Yoreh De'ah 339:1

...if there is anything which causes a hindrance to the departure of the soul, such as the presence near the patient's house of a knocking noise, such as wood chopping, or if there is salt on the patient's tongue, and these hinder the soul's departure, it is permissible to remove them because there is no act involved in this at all but only the removal of the impediment.³⁷

In addition to *halakhic* texts, there are *aggadic* stories that inform Jewish approaches to end-of-life care. The story of the death of Rabbi Yehudah HaNasi, the maid and the shattered pot is perhaps the most frequently cited *aggadah* related to end-of-life. The

³⁵ Staitman, “Withdrawing or Withholding Nutrition,” 5.

³⁶ *Shulhan Arukh Yoreh De'ah 339:1* as translated by Sharzer, “Aggadah and Midrash,” 258.

³⁷ Isserles' gloss on *Shulhan Arukh Yoreh De'ah 339:1*, as translated by Kravitz, “Euthanasia,” 18.

obligation to remove the sound of the wood-cutter in Isserles' gloss on the *Shulhan Arukh* is also a common and well-known reference.

The Death of Rabbi Yehudah HaNasi - The Shattered Pot

B. Ketubot 104a

When Rabbi was very ill, approaching death, the Sages proclaimed a fast, made an appeal for divine mercy, and announced that anyone who said that Rabbi was dying would be thrust through a sword. The maid of Rabbi went up to the roof. She said, 'Those on high are seeking Rabbi and those below are seeking Rabbi. May it be God's will that those below conquer those on high!' [However] when she saw how many times he [Rabbi] would take off and put on his *tefillin* as he would enter the privy, and how he was suffering, she said, 'Would that those on high would win against those below'. However, the rabbis did not cease imploring God's mercy. She then, took a vase and threw it from the roof. They [the Rabbis] were interrupted in their prayer [lit. they were silenced in their requesting God's mercy] and Rabbi's soul departed."³⁸

This story speaks to the efficacy of prayer in prolonging Rabbi's life. When the maid saw the pain and humiliation that Rabbi was experiencing because of the disease, she chose to disrupt the prayers and allow his soul to depart.

The Death of Rabbi Chanina ben Teradyon

B. Avodah Zarah 18a

Rabbi Chanina ben Teradyon was found by the Romans engaging in Torah study in public. The Romans burned him at the stake. They wrapped him in the parchment of a Torah scroll, and encircled him with bundles of branches, and they set fire to it. They brought wool rags and soaked them in water, and placed them on his heart, so that his soul should not leave his body quickly, but he would die slowly and painfully. His students said to him: Open your mouth and the fire will enter you, and you will die quickly. Rabbi Chanina ben Teradyon said to them: It is preferable that He

³⁸ *B. Ketubot 104a*, translation modified from Kravitz, "Euthanasia," 15.

who gave me my soul should take it away, and one should not harm oneself to speed his death.

The executioner said to him: My teacher, if I increase the flame and take off the rags from your heart, so that you will die sooner and suffer less, will you bring me to the life of the World-to-Come? Rabbi Ḥanina ben Teradyon said to the executioner: Yes. The executioner immediately increased the flame and took off the wool rags from his heart, causing his soul to leave his body quickly. The executioner too leaped and fell into the fire and died.

A Divine Voice emerged and said: Rabbi Ḥanina ben Teradyon and the executioner are destined for the life of the World-to-Come. Upon hearing this, Rabbi Yehuda HaNasi wept and said: There is one who acquires his share in the World-to-Come in one moment, such as the executioner, and there is one who acquires his share in the World-to-Come only after many years of toil, such as Rabbi Ḥanina ben Teradyon.

This story is often cited when discussing end-of-life. It raises the question of how the case of a martyr's death apply to that of a terminally ill patient? Why does Rabbi Hanina not take action to hasten his own death, but yet allows the Roman executioner to do so?

Traditional commentators point out that this is a story about martyrdom, for which special rules apply.³⁹

The *midrash* about the old woman in *Yalqut Shimoni* is less well known, but also an important teaching to consider in light of this topic.

Yalqut Shimoni 943 (Proverbs) p. 980

There is a story of a woman who grew very old. She came before R. Yose (Ha-Galili) ben Halafta. She said to him 'Rabbi, I have gotten too old. Life is repugnant to me. I can taste neither food nor drink. I would like to depart from this world.' He said to her, 'How is it that you have lived so long?' She answered, 'Every day, I am accustomed to go early to the synagogue, even if I must leave something I like.' He said to her, 'Refrain

³⁹ CCAR Responsum 5754.14 "On Treatment of the Terminally Ill"

for three successive days from going to the synagogue.’ She went and did this. On the third day, she became ill and died.⁴⁰

“Happy is the man who listens to me, Coming early to my gates each day, Waiting outside my doors.” (Prov. 8:34)

URJ Resolution “Health Care Decisions on Dying”

In 1991, the then Union of American Hebrew Congregations (now The Union for Reform Judaism, URJ) adopted the resolution “Health Care Decisions on Dying” which outlines the Reform Movement’s position on medical decisions at end-of-life:

Jewish tradition affirms the sanctity of life, as well as the precept that ever means must be undertaken to preserve life. It also affirms that when there is no hope for a patient and death is certain, impediments to death must not be created, and the patient must be allowed to die in dignity and in peace...

THEREFORE, the Union of American Hebrew Congregations resolves to:

1. Reaffirm that in accordance with Jewish tradition each individual has the ethical, moral and legal right to make his own or her own health care decisions, and that such right survives incompetency...⁴¹

In the resolution, the Reform Movement encourages congregations to promote educational programs to inform members about issues related to death and dying and also encourages the use of advance health care directives.

Reform Responsa

CCAR Responsum 5754.14 “On the Treatment of the Terminally Ill”

⁴⁰ Yalqut Shimoni 943 (Proverbs), as translated by Kravitz, “Euthanasia,” 16.

⁴¹ URJ Resolution “Health Care Decisions on Dying”

This responsum provides a detailed explanation of the Reform Movement's position on issues related to end-of-life decision making. A few of the key statements are included here.

On Euthanasia and Assisted Suicide... Jewish tradition, as is well known, prohibits suicide, if by 'suicide' we mean a rational, premeditated act of self-killing. The prohibition flows from the tradition's affirmation of the sanctity, the inviolability of human life. This affirmation, in turn, assumes the doctrine that life belongs to God... Similarly, Jewish law prohibits euthanasia, or mercy killing, inasmuch as human life remains sacred and inviolable until the final moment of its existence, the sources uniformly reject any distinction in this regard between the dying person (the *goses*) and any other... The one who kills the *goses* is guilty of murder.

The Cessation of Medical Treatment for Terminal Patients. Jewish tradition teaches that we achieve this compassion through two means: measures aimed at the relief of pain, and the cessation of unnecessary medical treatment for the terminally ill. For example, the same tradition which rejects suicide and euthanasia also bids us to strive to alleviate the suffering of the sick and the dying. Patients may undergo risky surgery to relieve pain, even though the surgery may hasten their death; such surgery is, after all, legitimate medicine.

On Artificial Nutrition and Hydration. The conclusion that medical treatment may be withdrawn or withheld raises a difficult question with respect to artificial nutrition and hydration.... The answer to this question depends upon whether we regard artificial nutrition and hydration as a "medical treatment"... Opinions on this question are deeply divided... The dispute among halakhic scholars is the mirror image of that among ethicists... Reform halakhic opinion is also split: one responsum opposes the removal of the feeding tube, though several others permit it.⁴²

⁴² CCAR Responsum 5754.14 "On Treatment of the Terminally Ill"

CCAR Responsum 5750.5 “Hospital Patient Beyond Recovery”

This responsum addresses the question of whether or not a feeding tube may be removed from a patient in a semi-comatose condition without hope of improvement. The *teshuvah* outlines the rationale as to why it is not permissible.

Judaism does not define human life only in terms of mental activity. Every person has been created in the image of God, and so even those individuals who may be defective...have always been considered as equally created in the image of God; their life is as precious as any other. It is necessary to guard their life and protect it just as any other human life.”⁴³

In her rabbinical thesis “*Asher Yatzar, But What If One of My Organs Were to Fail? A Liberal Lens on End-Of-Life Decision Making*,” Rabbi Alexandra Intraub provides an overview of the history of CCAR Responsa related to end-of-life decision making. A few of the key responsa are as follows:

- 78 “Euthanasia” 1950
- 76 “Relieving Pain of a Dying Patient” 1975
- 79 “Euthanasia” 1980
- 83 “Quality of Life and Euthanasia” 1985
- 151 “Drugs to Relieve Pain” 1991
- 156 “Living Will” 1989
- 157 “An Elderly Patient who Refuses Dialysis” 1988
- 160 “CPR and the Frail Elderly” 1989
- 159 “Nutrition and Incurable Cancer” 1991
- 5750.5 “Hospital Patient Beyond Recovery”
- 5754.14 “On the Treatment of the Terminally Ill”

⁴³ CCAR Responsum 5750.5 “Hospital Patient Beyond Recovery”

The Conservative Movement's Position on End-of-Life Issues.

Two positions were adopted in 1990 by the Rabbinical Assembly Committee on Jewish Law and Standards (CJLS). These positions are outlined in the *teshuvot* of Rabbi Elliot Dorff and Rabbi Avram Israel Reisner.⁴⁴ A brief summary of the key differences between the two approaches is provided below.

Rabbi Elliot Dorff "A Jewish Approach to End-Stage Medical Care"

1. The appropriate *halakhic* category for end-of-life is *terefah*. The category of *terefah* may also be applied to the person in a permanent vegetative state.
2. Medications and other treatments may be withheld or withdrawn when the patient has an irreversible, terminal illness.
3. Artificial nutrition and hydration may be considered a form of medication in some situations, and therefore may also be withheld or withdrawn.

Rabbi Avram Israel Reisner "A Halakhic Ethic of Care for the Terminally Ill"

1. The appropriate category for end-of-life is *goses*.
2. *Nutrition, Hydration, Medication*: All nutrition and medication against illness - antibiotics, insulin, intravenous fluids, etc. cannot be classified as impediments to death. These should generally be continued as long as they are effective. Feeding tubes may not be removed from those in persistent vegetative states, as they are not terminally ill.⁴⁵
3. Life support systems: Mechanical procedures (heart-lung machines) “undertaken without hope of any curative process, simply to prolong the beating of the heart or expansion of the

⁴⁴ Dorff, "A Jewish Approach to End-Stage Medical Care" YD 339:1.1990b. CJLS 1990.

Reisner, "A Halakhic Ethic of Care for the Terminally Ill" YD 339:1.1990a. CJLS 1990.

For a summary of the key points and differences between the two positions, see My Jewish Learning, “Two Jewish Views on End of Life Issues”

⁴⁵ Reisner, “A Halakhic Ethic of Care for the Terminally Ill,” 25.

lungs mechanically, are unnecessary, and it would be proper to disconnect them from a patient who had initially been connected in hopes of some success in treatment when those hopes have been abandoned completely by qualified medical personnel.”⁴⁶

Should artificial nutrition and hydration be regarded as medicine or food? This is a key distinction in differing halakhic opinions about whether or not artificial nutrition may be withheld or removed. Rabbi Dorff takes the position that artificial nutrition is medication. A tube is not how someone would normally ingest food. It is being injected into the person as a medical procedure. Rabbi Reisner takes the position that the effect is to provide nutrition. The obligation to feed remains, regardless of state that the patient is in. Both positions have been adopted by the Conservative Movement and both are reflected in the Rabbinical Assembly medical directive form.⁴⁷ This is controversial topic within Conservative interpretation of Jewish law.

Food and Feeding

Food and nutrition at end-of-life is a significant and complex issue. In modern culture, deep emotional, social and cultural meaning is placed on food and feeding. It can be painful for loved ones to be present with someone who is actively dying and no longer has the will to eat, even when medical professionals explain that food or fluids are no longer beneficial and may even cause harm. It can cause anguish to wonder “Am I starving my loved one?” For many families, food is an expression of love and healing. Food is a huge issue, both culturally and halakhically.

⁴⁶ Reisner, “A Halakhic Ethic of Care for the Terminally Ill,” 27.

⁴⁷ The Rabbinical Assembly Jewish Medical Directives for Health Care.

A new emerging issue is related to hand feeding in advanced dementia. When someone with advanced dementia loses the ability to self-feed, is hand feeding the right thing to do? Is it the same as tube feeding? During the early stages of dementia, people may now indicate their wishes to not be hand fed in an early dementia advance directive. The advance health care directive developed by End of Life Choices New York allows individuals to provide instructions regarding oral foods and fluids in the event of advanced dementia.

Assisted Hand Feeding

If I am suffering from advanced dementia and appear willing to accept food or fluid offered by assisted or hand feeding, my instructions are that I do NOT want to be fed by hand even if I appear to cooperate in being fed by opening my mouth..⁴⁸

RESOURCES

Reform Judaism “End-of-Life Decisions: Discussion Guide”

<https://reformjudaism.org/practice/lifecycle-and-rituals/death-mourning/end-life-decisions-discussion-guide>

URJ Resolution “Health Care Decisions on Dying” [https://urj.org/what-we-](https://urj.org/what-we-believe/resolutions/health-care-decisions-dying)

[believe/resolutions/health-care-decisions-dying](https://urj.org/what-we-believe/resolutions/health-care-decisions-dying)

⁴⁸ Personal communications about End of Life Choices New York, Dementia Advance Directive.

CHAPTER 6: Jewish Burial

When Sarah died, Abraham mourned for her. He purchased land so that he could bury her in a grave.¹ When Abraham died, his sons Isaac and Ishmael buried him in the cave of Machpelah beside Sarah.²

Guiding Questions

- *What are the halakhic issues related to Jewish burial?*
- *In what ways can rabbis support individuals and families preparing for a funeral?*

Preparing for a Funeral

Individuals and their loved ones may ask for guidance about funeral arrangements at various stages in life. For some, it can be comforting to know that everything is planned ahead in accordance with their values and wishes. At end of life, people may also want to feel as though they are not leaving a burden of funeral planning and expenses to loved ones.

Some of the key steps of funeral pre-planning include:³

- 1. Choosing a funeral home.**
- 2. Selecting a cemetery and a burial plot.** Make arrangements for a family plot. Make wishes regarding burial or cremation known to the officiant and funeral director.
- 3. Identifying clergy / congregation to officiate.**
- 4. Organizing personal information** that the funeral home will need and share this with loved ones. This includes full legal name, Hebrew name, parent's names, place and date of birth, citizenship, military status, and social security number. Having this information readily accessible can be a tremendous relief to grieving loved ones.

¹ Gen. 23:2-20

² Gen. 25:8-10

³ Rosove, "Preparing for a Jewish Funeral: A Guide."

5. **Identifying aspects of the service and rituals** that are personally meaningful and indicate specific wishes.
6. **Indicating wishes in terms of preparation of the body before burial.** This includes the involvement of a *chevra kaddisha* or mortuary.
7. **Deciding if a tallit will be buried with the individual** (if they own one) or if it will be passed on to loved ones.
8. **Making arrangements for payment of all funeral expenses.**

There are several practical issues that can create distress for loved ones as a person is actively dying. Clergy can provide support in anticipating and providing guidance surrounding these issues.

Stages of Mourning⁴

Family members may be experiencing anticipatory grieving as a loved one is actively dying. People may feel overwhelmed by the uncertainty and disorientation of the dying process. They may express feeling lost or disconnected from their normal routines and daily schedules. If death occurs on or near a holiday, family may have questions and emotional responses to the timing of *shiva* observance and holiday observance. It can be helpful to clarify for them the stages of mourning during this time:

***Aninut*:** the time of mourning between death and interment. An immediate relative of the deceased is considered an *onen*. *Aninut* is an “in-between” time of deep distress and disorientation. Jewish tradition discourages trying to comfort the mourner prior to the burial.⁵

⁴ See also Lamm, *The Jewish Hospice Manual*, 58-62.

⁵ Lamm, *The Jewish Way in Death and Mourning*, 24-25.

Pirkei Avot teaches: “Do not console a person when his dead lies before him”⁶

(For this reason, the common American practice of “visitation” or “viewing” is not consistent with Jewish tradition.)

***Avelut*:** the period of mourning, begins immediately after interment, when the casket is covered with earth. This includes the mourning periods of *shiva* and *shloshim*.

***Shiva*:** the first seven days of mourning that begins immediately after burial. The day of the burial is the first day of *shiva*.⁷

***Shloshim*:** the thirty day mourning period following burial.

Timely Burial

Burial should not be delayed. Jewish tradition considers leaving a body unburied to be a great humiliation. It is also a dishonor to the family for the liminal state prior to burial to be prolonged. Generally, the funeral is held the next day or as soon as possible. Delays are permitted for *k’vod hameit*, honoring the dead, in order to provide time for relatives to arrive and to procure shrouds, coffin, etc. “Timely burial is an important principle in Jewish practice. The classic halakhic sources cite a biblical proof text. If even an executed criminal must be buried the same day, rather than being left overnight, so how much more so a righteous person should not be left overnight.”⁸

⁶ *Pirkei Avot* 4:18

⁷ Eskenazi, *The Torah: a Women's Commentary*, 294 cites the seven day mourning practices described in 1 Samuel 31:13 and Job 2:13.

⁸ Heller, “Shiva When Burial is Delayed” YD 375:2.2015. See Deut. 21:23, *M. Sanhedrin* 6:5, *B. Sanhedrin* 46b-47a, *Shulhan Arukh* YD 357. See also discussion in Rabbi Morris Shapiro, “Cremation in the Jewish Tradition” YD 348.1986.

If Burial Occurs Before Shabbat or Holidays:

If the burial occurs just before Shabbat and the mourners acknowledge *avelut* prior to the beginning of Shabbat, mourning is considered to have begun on the day before Shabbat. Shabbat is then considered as the second day of mourning.⁹ Shabbat does not terminate the period of *shiva* observance. Shabbat is counted as part of the seven days of *shiva*. While public mourning observances are suspended during Shabbat, private mourning practices are still observed.¹⁰

If the burial occurs before a major holiday, the start of the holiday concludes the period of *shiva* observance. This occurs at the start of Rosh HaShanah, Yom Kippur, Sukkot, Passover, and Shavuot. *Shiva* does not end early at other holidays. If burial occurs during *Chol HaMoed* Passover or Sukkot, *shiva* observance begins at the end of the holiday (after Simchat Torah).¹¹ This can feel like a jarring and abrupt ending of the mourning period and can be an especially difficult experience for mourners. Not only are they unable to observe the seven days of *shiva*, they are also obligated to celebrate the holiday. The rules of holiday and *shiva* observance are quite complicated. Families will seek support from a rabbi in determining how to observe *shiva* and holiday traditions. This can be a source of tension and conflict between family members who want to observe differently.

Jewish Burial

Accompanying the dead for burial is considered to be the highest form of *gemilut chasadim*, acts of loving-kindness. This is due to the fact that the dead will have no future

⁹ Lamm, *The Jewish Way in Death and Mourning*, 83.

¹⁰ Lamm, *The Jewish Way in Death and Mourning*, 89.

¹¹ Lamm, *The Jewish Way in Death and Mourning*, 91.

opportunity to repay this act of kindness. In this way it is an act of pure kindness, without any hope of future gain. There are two values that guide the customs and practices of the mitzvah of *levayah*, accompanying the dead for burial:

1. "כבוד המת" – *k'vod hameit*: respect for the dead: ensuring that proper respect and honor are shown to the dead. Human beings were created *b'tzelem Eloheim*, in the image of God.¹² The physical remains of the dead should be treated with reverence.
2. "ניחום אבלים" – *nichum aveilim*: comforting of mourners.

Principle of Respect For the Dead (*k'vod hameit*):

Since biblical times, Judaism has established the principle that every dead person, even the basest criminal, must be accorded the honor of proper burial (Deuteronomy 21:22-23) The body, which is the house of the soul, is to be treated with dignity. Historically, if there was no family, the mitzvah was incumbent upon the Jewish community, every member of which was expected to assist at the burial of the dead and the comforting of mourners.¹³

The principle governing the care of the body immediately following death is the sacredness of man. A human being is equated with a Torah scroll that is impaired and can no longer be used at religious services. While the ancient scroll no longer serves any useful ritual purpose, it is revered for the exalted function it once filled. Man is created in the image of God, and, although the pulse of life is no more, the human form must be respected for having once embodied the spirit of God and for the character and the personality it housed.¹⁴

¹² Gen. 1:27

¹³ Lieberman, *Honoring Tradition*, 330.

¹⁴ Lamm, *The Jewish Way in Death and Mourning*, 83.

The Commandment to Bury the Dead in Jewish Law

There is tremendous importance placed upon the mitzvah of accompanying the dead for burial. The Talmud teaches that attending to the burial of the dead is regarded as a priority over all other work: “When a person dies in a city, all of the residents of that city are prohibited from performing work until he has been buried.”¹⁵

The *Shulhan Arukh* expands on this prohibition by stating “If there is a dead person in town [awaiting burial] all the townspeople are forbidden to engage in work. Whoever sees a corpse and does not attend to all its [burial] needs, is subject to be placed under a ban.”¹⁶ The *Shulhan Arukh* continues with explanation that it is permissible for people to work if there is an association in the town that attends to the burial needs of the dead.

Halakhic discourse concerning burial focuses on the commandment to bury in Deut. 21:22-23. These verses are specifically addressing the body of a person who has been put to death by capital punishment. “This law limits the desecration of the corpse of an executed criminal by requiring relatively quick burial.”¹⁷

If a person is guilty of a capital offense and is put to death, and you impale him on a stake, you must not let his corpse remain on the stake overnight, but must bury him the same day. For an impaled body is an affront to God: you shall not defile the land that the Eternal your God is giving you to possess.¹⁸

M. Sanhedrin 6:5

... whoever lets his dead lie overnight transgresses a negative commandment. If he kept him over night for the sake of his honor, to procure for him a coffin or a shroud, he does not transgress....

¹⁵ *B Moed Katan* 27b

¹⁶ *Shulhan Arukh Yoreh De'ah* 343:1. See also 361:2-3.

¹⁷ Eskenazi, *The Torah: a Women's Commentary*, 1169.

¹⁸ Deut. 21:22-23

B. Sanhedrin 46b

The verse states: “But you shall bury him [*kavor tikberennu*]” (Deut. 21:23), doubling the verb for emphasis. From here it is derived that one who leaves his deceased relative overnight without burying him transgresses a prohibition.

Rambam: Laws of Mourning Chapter 12:1

Funeral rites are held in honor of the deceased. Accordingly, the heirs are compelled to pay a fee to wailing men and women who eulogize the dead. But if the deceased charged in his will not to eulogize him, he should not be eulogized. If, however, he charged in his will not to bury him, his wish is not heeded, because burying the dead is a religious duty, as it is written: "You must bury him." (Deut. 21:23)

Shulhan Arukh Yoreh De'ah 362:1

One who places his dead in a coffin and does not bury it in the earth transgresses because he keeps the dead overnight [unburied]. If he placed him in a coffin and buried it in the earth, he does not transgress on his account. Nevertheless, it is [more] appropriate to bury him in the earth proper even [when he is buried] outside of the Land [of Israel].

Chevrah Kaddisha

A *chevrah kaddisha*, “holy society” or “burial society,” is an association that assists with the preparation and burial of the dead. The formation of a *chevrah kaddisha* has been a tradition within Jewish communities since the Middle Ages. Traditionally, the society is responsible for preparing the dead for burial and often managing the administration of the community cemetery. It is considered to be a great honor to be a member of the *chevrah kaddisha*. Membership is reserved for highly respected and committed individuals in the community.

The existence of a *chevrah kaddisha* and the role that it serves within American Jewish communities today varies greatly. Some provide *taharah* and/or *sh'mirah* (see below) Members are trained in the ritual preparation of the dead for burial. *Chevrah kaddisha* will develop relationships with funeral homes in order to arrange space for these rituals to be performed. The *chevrah kaddisha* may also provide assistance at the cemetery with the interment service and may also provide support to the mourners by helping the family to make arrangements before and after the funeral. They may also help to organize *shiva* minyan. A *chevrah kaddisha* may be organized within a particular congregation or it may be a separate independent organization, serving the Jewish community within a specific geographical area. Studies indicate a recent revival of traditional burial practices and the formation of *chevrah kaddisha* within Jewish communities.

Despite the fact that the existence of a *chevrah kaddisha* has not been common in Reform communities, a CCAR Responsum affirmed the potential value of the functions of the *chevrah kaddisha* to provide support during the loss of a loved one. “The functions of the *chevrah kaddisha* accord with the principles of Reform Judaism. Though they have not become a part of its general practice, which has not required *tohorah*, *shemirah* or *tachrichim*, we consider them highly desirable.”¹⁹

Between death and burial, there are three traditional Jewish rituals: *sh'mirah*, *taharah*, and *tachrichim*. These may be performed by the *chevrah kaddisha* or funeral home. Many funeral homes are equipped to provide these rituals as part of a “traditional Jewish funeral”.

¹⁹ CCAR Responsum 5754.8 “Formation of a Chevra Kaddisha”

Sh'mirah

A *shomer* or *shomeret*, watcher or guardian, stays with the body at all times from the moment of death until burial. The body is never left alone. The *shomerim* recite psalms, including Psalm 23 and 91, and prayers for the deceased.

Personal behavior in the room of the deceased should be consonant with the highest degree of respect for his person. There may be no eating, drinking, or smoking in his presence... No derogatory remarks about the deceased may be voiced, even though, objectively, they may be true. Discussion in the room should concentrate solely on the deceased and his personal qualities or on the funeral arrangements. There should be no singing or playing of music or even words of Torah.²⁰

Traditionally, it is preferable for the *shomer* or *shomeret* to be an extended family member or close friend of the deceased when possible. Community members may also volunteer as *shomrim*. “The traditional reason given for the custom of *shemirah* was to protect the corpse from animals.”²¹ In modern times, there is an emphasis on the recitation of psalms and providing continuous vigil and presence in the *mitzvah* of *sh'mirah*.

If a person is actively dying in a hospital or care facility and *sh'mirah* observance is important, it will be necessary for the family to be aware of related hospital policies and support available. If *sh'mirah* observance is important to the family, arrangements should be made ahead of time to ensure that this is possible.

Taharah

Before the body is buried, there is a ritual cleansing called *taharah*, meaning purification. Just as a baby is washed as it enters into the world, so too does a person leave

²⁰ Lamm, *The Jewish Way in Death and Mourning*, 4-5.

²¹ CCAR Responsum 5754.8 “Formation of a Chevra Kaddisha”

the world clean and pure. “Another grave evil is this: He must depart just as he came. As he came out of his mother’s womb, so must he depart at last, naked as he came. He can take nothing of his wealth to carry with him.”²²

During *taharah*, all parts of the body are washed thoroughly with water. The ritual cleansing is accompanied by the recitation of prayers including psalms. In order to maintain respect for the deceased, the body is kept covered with a sheet and only the area being washed is exposed. Twenty four quarts of water are poured over the body. The body is never to lie face downward. No cosmetics are applied.

Tachrichim

Once the body has been thoroughly washed and dried, it is then dressed in *tachrichim*, shrouds of white linen. There are no class distinctions in death; human beings don’t bring anything with them when they die. For these reasons, it is considered inappropriate for the deceased to be dressed in fine clothing or to include possessions in the coffin. “...When a person departs from this world, neither silver nor gold nor precious stones nor pearls accompany him, only Torah and good deeds....”²³ The Talmud attributes the custom of being buried in simple linen to Rabban Gamliel. “At first taking the dead out for burial was more difficult for the relatives than the actual death, because it was customary to bury the dead in expensive shrouds, which the poor could not afford.”²⁴ Rabban Gamliel was buried in simple linen garments and people adopted this practice after him.

²² Eccles. 5:14

²³ *Pirkei Avot* 6:9

²⁴ *B Moed Katan* 27b

The shrouds are made of simple, white linen. They should not be too expensive and they should be sewn by hand without any knots or pockets. The body is dressed with seven shrouds. There are detailed instructions for the how the body is to be dressed. The trousers are tied loosely at the waist without forming any knots and twisted to form the letter *Shin* at the waist, which represents *Shaddai*, one of the names for God. The shirt is tied at the neck in the same manner to also form the letter *Shin* at the neck. A *kittel*, or coat, with an open front is placed over the shirt. If the deceased owned a *kittel* that was worn during his lifetime (during High Holidays and wedding), then this is the one that is used. A sash is wound over the *kittel* and the ends are also twisted at the waist in the shape of a *Shin*. A *tallit* is draped over the *kittel*. A person should be buried in his or her *tallit*, especially if it was worn regularly. One of the *tzitzit* is cut or rendered ritually defective before burial, according to some traditions.

In Israel today, coffins are not used. The body is covered and then buried directly into the earth. In the United States, plain pine coffins are used. Many communities follow the custom of placing earth from Israel and fragments of broken pottery (called *sherblach* in Yiddish) in the casket.²⁵

Embalming

Despite the fact that there are examples of embalming in the Bible, including Jacob's body²⁶ and Joseph's body,²⁷ it is traditionally prohibited due to *k'vod hameit*, honoring the

²⁵ Lamm, *The Jewish Way in Death and Mourning*, Appendix Three: "Preparation of the Remains: A Guide for the *Chevrah Kaddisha*," pp. 279-288.

²⁶ Gen. 50:2

²⁷ Gen. 50:26

dead. Embalming is considered *nivul hamet*, disgrace to the dead. “Embalming, whose purpose is delay, runs totally counter to Jewish tradition.”²⁸ It is a Jewish value to allow the body to decompose into the earth according to the natural process. Anything that artificially delays or disrupts this process is to be avoided. However, embalming is permitted when a burial must be delayed, such as when a body is shipped a long distance.

Autopsy

Traditionally, Jewish law prohibits routine autopsy as *nivul hamet*. It is regarded as a mutilation of the body. This is based upon the principle that human beings were created in the image of God. There are exceptions in which autopsies are permitted, including situations in which the medical examiner determines that it is necessary as part of an investigation.²⁹

The CCAR issued responsa on the topic of autopsy in 1925 and 1986. In a lengthy responsum, Jacob Lauterbach concluded in 1925 that autopsy was not prohibited in “any authoritative sources of Jewish law.”³⁰ The conclusion in the 1986 responsum was in support of autopsy for the sake of future medical knowledge, assuming that the individual has given consent and wishes for his or her body to be used for medical research.

In our age of rapid medical progress and worldwide communication, an autopsy anywhere may help someone else. We would also encourage the use of a portion of the body, in this case the brain, for the purpose of long range research which may help many others in a few years. Such a use would be as helpful as alleviating the immediate suffering of another person in a nearby community.³¹

²⁸ Lamm, Maurice. *The Jewish Way in Death and Mourning*, 17.

²⁹ Lamm, *The Jewish Way in Death and Mourning*, 14.

³⁰ CCAR Responsum ARR 278-283, “Autopsy”

³¹ CCAR Responsum CARR 140-142, “Autopsy for Future Knowledge”

Organ Donation

Organ donation supports the obligation of preserving human life (*pikuach nefesh*). Jewish law permits organ donation. In “Hesed or Hiyuv? The Obligation to Preserve Life and the Question of Post-Mortem Organ Donation,” a *t’shuvah* of the Committee on Jewish Law and Standards of the Rabbinical Assembly (Conservative Movement,) Rabbi Joseph H. Prouser concluded that organ donation is a “modern *mitzvah*.”³²

“The preservation of human life is obligatory, not optional. Since all conflicting halakhic duties are suspended, and specific, readily identifiable human lives are at stake, withholding consent for post-mortem organ and tissue donation when needed for lifesaving transplant procedures is prohibited by Jewish law. It violates the Torah's prohibition of “לא תעמוד על דם רעך” as well as the prescriptive obligation to preserve human life. This applies to the individual in anticipation of his or her own death, as well as to health care proxies or "next of kin" whenever they are legally empowered to make such decisions on behalf of the deceased. The identity, and certainly the religious status, of the recipient are irrelevant. Lifesaving action is obligatory, even if the donor never knows who the beneficiary will be”³³

“The Rabbinical Council of America (Orthodox) approved organ donation to save a life in a landmark decision in 1991. The decision noted that ‘... When human life can be saved, it must be saved...’”³⁴ The Halachic Organ Donor Society (HODS) is an organization working to raise awareness about halachic support for organ donation. Their mission is “To save lives by increasing organ donations from Jews to the general population (Jews and non-Jews alike).”³⁵

³² Address, *A Time to Prepare*, 34.

³³ Rabbi Joseph H. Prouser “Hesed or Hiyuv? The Obligation to Preserve Life and the Question of Post-Mortem Organ Donation” 1995. Responsa of the CJLS of the Rabbinical Assembly 1991-2000.

³⁴ Address, *A Time to Prepare*, 35.

³⁵ HODS Halachic Organ Donor Society website.

In the article “Are Jews allowed to donate organs?” Rabbi Billy Dreskin outlines four areas of *halakhic* concern related to organ donation:

1. *K’vod Hameit, honoring the dead:* “Judaism views the human being in life as having been created *b’tzelem Elohim*, in the image of God. Does it desecrate the human both to make incisions in it after a person has died?... But if such a post-mortem examination might save a life, the Talmud teaches us that we should indeed examine the body by all means available.”

2. *Obligation to bury a person’s entire body:* with the innovation of organ donation, Orthodox Jewish authorities have determined “that when a part of a body is taken by a surgeon and put into a living body, it becomes part of that living body.”

3. *Deriving benefit from the body of the dead:* (*B. Sanhedrin* 47b) To save a human life does not fall into this category.

4. *Defining the precise moment of death:* “...in an age when bodies continue to breathe and hearts continue to beat because of artificial respirators, death is not defined by the cessation of all brain activity.”

Rabbi Dreskin concludes that “By and large, the Jewish legal tradition has *never* opposed organ donation.”³⁶

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³⁶ Dreskin, “Are Jews Allowed to Donate Organs?” ReformJudaism.org

Rosove, John “Preparing for a Jewish Funeral: A Guide,” ReformJudaism.org,
<https://reformjudaism.org/preparing-jewish-funeral-guide>

Kavod v’Nichum, Honor & Comfort

“*Kavod v’Nichum* (Honor and Comfort) provides information, education, training, and technical assistance for bereavement committees and *Chevrah Kadisha* groups in synagogues and communities to support their organization and development, to enable them to perform Jewish funeral, burial, and mourning mitzvot, and to protect and shield bereaved families from exploitation.”

<https://www.jewish-funerals.org/>

Bim Bam Death and Mourning

Bim Bam offers a series of You-Tube videos focused on Jewish rituals related to death and mourning. <https://www.bimbam.com/judaism-101/jewish-mourning/>

CHAPTER 7: Cremation

Guiding Questions

- *How is cremation regarded within Jewish tradition?*
- *May a rabbi officiate at a funeral of someone who has been cremated?*
- *May the cremains (the ashes of a cremated body) be buried in a Jewish cemetery?*
- *What if a person requests for their remains to be cremated and their family is opposed to it? Are they required to observe the wishes of the individual?*

Trends in American Culture

In the United States, there has been a significant shift in recent years towards cremation over burial. Historically, burial had long been the standard choice. National Funeral Directors Association (NFDA) reported that cremation surpassed burial in 2016. “50.2 percent of Americans chose cremation in 2016”.¹ This trend is expected to continue. NFDA projects that by 2035, the nationwide cremation rate will reach 78.8 percent.² The report cited religion (a decline in religious observance) and age as factors influencing this dramatic shift.

In the United States, burial and cremation are the two primary options for a person’s remains after death. If a person chooses cremation, there are multiple options for the cremains (cremated remains). Cremains may be buried, placed in a columbarium, scattered, or stored in an urn. A third option is whole body donation, in which a person may donate their body to science for medical research. This normally requires pre-planning and the body

¹ NFDA, “NFDA Cremation and Burial Report Shows Rate of Cremation at All-time High”

² NFDA, “NFDA Cremation and Burial Report Shows Rate of Cremation at All-time High”

may not be accepted. The remains are later cremated at no charge.³ There is also a new alternative process, alkaline hydrolysis, also called resomation, flameless cremation, or water cremation that is gaining popularity in the United States.

The rise in cremation in the United States has been attributed to cost and sensitivity to environmental issues.⁴ The trend in “green burials” signals a growing interest in environmentally friendly methods of disposing of remains after death. This includes rejecting embalming and considering new technologies and biodegradable products. The Green Burial Council provides a listing of certified providers for environmentally sustainable burial grounds, funeral homes, and products.⁵

Jewish Attitudes Towards Cremation

Burial is the traditional Jewish practice. Cremation is viewed as a denial of the belief in resurrection that many Jews hold. There is also a strong sensitivity to the experience of the Holocaust. “The images of fire, ovens, and smokestacks,... can and do persuade many liberal Jews that today, after Auschwitz, the consigning of our dead to the flames is not the proper Jewish way to honor them.”⁶ For these reasons, many Jews have a strong negative response to the concept of cremation.

More Jews, however, are choosing cremation over burial and it is becoming a topic of increasing focus within the Jewish community. Factors such as cost and environmental

³ New York State Department of Health “A Consumer’s Guide to Arranging a Funeral”

⁴ Marsh, Tanya, “Life After Death: Americans Are Embracing New Ways to Leave Their Remains.”

⁵ Green Burial Council

⁶ CCAR Responsum 5766.2, “When a Parent Requests Cremation”

impact are drivers of this preference. There is also the influence of changing norms and preferences in the broader culture surrounding how loved ones are memorialized.

In “The Jewish Way in Death and Mourning,” Maurice Lamm expresses the traditional view of the importance of burial within Jewish tradition and the prohibition of cremation:

Jewish law is unequivocal, uncompromising: the dead must be buried in the earth. The soul rises to God, but the physical shelter, the chemical elements that clothed the soul – man’s body – sink into the vast reservoir of nature. God’s words to Adam are, ‘For dust thou art and unto dust shalt thou return’ (Genesis 3:19). Later, the Bible crystallizes God’s words into positive law, *ki kavor tikberennu*, ‘Thou shalt surely bury him.’ (Deuteronomy 21:23)⁷

Cremation is never permitted. The deceased must be interred, bodily, into the earth. It is forbidden – in any and every circumstance – to reduce the dead to ash in a crematorium....Even if the deceased will cremation, his wishes must be ignored in order to observe the will of our Father in Heaven....Cremated ashes are not buried in a Jewish cemetery. There is no burial of ashes, and no communal responsibility to care for the burned remains⁸

Jewish law requires no mourning practices for the cremated, *Shivah* is not observed and Kaddish is not recited for them. Those who are willfully cremated are considered by tradition to have abandoned Jewish law and to have surrendered their rights to posthumous honor.⁹

The human body is often compared to a Torah scroll. A human being is created *b’tzelem Elohim*, in the image of God, and is therefore holy. After a person has died, their physical remains are to be treated like a damaged Torah scroll. The Talmud teaches that a

⁷ Lamm, *The Jewish Way in Death and Mourning*, 54.

⁸ Lamm, *The Jewish Way in Death and Mourning*, 55.

⁹ Lamm, *The Jewish Way in Death and Mourning*, 56.

person is obligated to rend their clothes when a person dies, just as if they were witnessing the burning of a Torah scroll.¹⁰

The personal wish for cremation can create significant anxiety and conflict within families with different levels of observance. People may experience significant emotional distress at the thought of not being obligated to observe *shiva* for a loved one who wishes for their remains to be cremated. Family members may seek guidance from their rabbi when a parent or loved one has requested to be cremated.

Are the family members obligated to carry out instructions for the person's body to be cremated, even if it goes against their personal values? This question is specifically addressed in the CCAR Responsum 5766.2 "When a Parent Requests Cremation." The conclusion provided in the *t'shuvah* is as follows:

...the children are not forbidden to honor this request, and they may arrange for cremation in response to the mitzvah to honor our parents and to the dictum that we should seek to fulfill the wishes of the deceased.... Nonetheless, the children are not obligated to honor their father's request. The CCAR discourages the choice of cremation; it supports the choice of traditional burial; and Reform thought today recognizes the right of our people to adopt traditional standards of religious practice that previous generations of Reform Jews may have abandoned. The commandment to honor one's parents does not apply in such a case, for a parent is not entitled to compel his or her children to violate their sincerely held Judaic religious principles. Thus, when a Reform Jew has serious and substantive religious objections to cremation, he or she may refuse a loved one's request for it.¹¹

In CCAR Responsum 5766.2, "When a Parent Requests Cremation," the *t'shuvah* details the development of the Reform Movement position on cremation over time, as cremation became an increasingly more prevalent practice. The *t'shuvah* points out that there

¹⁰ *B Moed Katan* 25a

¹¹ CCAR Responsum 5766.2, "When a Parent Requests Cremation"

is no explicit prohibition against cremation, most likely because it was not a normative practice.

Cremation in Jewish Law. There is no explicit requirement in the Biblical text that the dead be buried rather than cremated. The sources make clear that burial was the normative practice in ancient Israel, but nowhere do we find an express prohibition of the burning of the corpse. The Rabbis understand burial to be a requirement of Torah law, derived from Deuteronomy 21:23. Maimonides codifies the law as follows: “If the deceased gave instructions that his body not be buried, we ignore him, inasmuch as burial is a mitzvah, as the Torah says (Deut. 21:23), ‘you shall surely bury him.’” Yet like the Bible, the Talmud and the classical halakhic literature contain no explicit prohibition of cremation. The subject seems almost never to have come up, most likely because cremation was simply not practiced by the Jews and no one thought to ask whether it was permitted or forbidden.¹²

For more detailed information about the development of the Reform Movement’s position on cremation, reference the following responsa:

The 1891 responsum ARR 341-348 “Cremation From The Jewish Standpoint” concluded:

Be it resolved that, in case we should be invited to officiate as ministers of religion at the cremation of a departed co-religionist, we ought not to refuse on the plea that cremation is anti-Jewish or irreligious.¹³

The following note was added in 1980:

...In this generation of the Holocaust we are sensitive to terrible images associated with the burning of a body. Rabbis may, therefore, choose to discourage the option of cremation. The practice remains permissible, however, for our families.

Ashes of a cremation should be treated with respect as human remains. They may be interred in our cemeteries, subject to the rules of the cemetery (see

¹² CCAR Responsum 5766.2, “When a Parent Requests Cremation”

¹³ ARR 341-348 “Cremation From The Jewish Standpoint”

Freehof, Contemporary Reform Responsa, pp. 169ff). The ancient Jewish preference for burial within a person's personal property (see Freehof, Modern Reform Responsa, p. 257) may be honored more easily in the case of ashes than in the case of a body, according to some State laws, but we still favor use of a Jewish communal cemetery or mausoleum. Because a building in which the ashes of a Jew are permanently entombed might well seem to a Cohen to be like a cemetery which he would hesitate to enter (see Freehof, Reform Responsa for Our Time, pp. 167ff), we oppose keeping ashes in a home.

Responsa Committee (1980)

In the CCAR Responsum 5774.6 "Resomation: The Liquid Disposal of Remains", the *t'shuvah* included the following statements regarding cremation:

Reform Judaism does not prohibit cremation. Our Conference adopted a resolution to this effect in 1892; that resolution has never been repealed, amended, or superseded by another Conference vote;...

On the other hand, that same Reform halakhic literature has in recent decades significantly modified its previously affirmative stance. Though we still do not "prohibit" cremation, we actively discourage it for two reasons: first, burial is the normative traditional Jewish practice, and second, after the Holocaust cremation has taken on deeply negative associations with one of the darkest periods of our people's history.¹⁴

The position of the Conservative Movement is outlined in the 1986 Rabbinical Assembly *t'shuvah*, which was adopted by the Committee on Jewish Law and Standards. It states the following conclusions:

1. Cremation is against the Jewish tradition, and the family should be so advised by the rabbi.
2. Should the family decide not to follow the rabbi's advice, he may still choose to officiate in the funeral parlor before the body is cremated.
3. The ashes should be interred in a Jewish cemetery.
4. The interment should be private, without the presence of a rabbi.

¹⁴ CCAR Responsum 5774.6 "Resomation: The Liquid Disposal of Remains"

5. In a situation where the rabbi's ruling has not been defied by the family, but he is faced with a *fait accompli*, the rabbi may choose to conduct services at the cemetery.¹⁵

The *t'shuvah* states that there is no biblical or Talmudic prohibition against cremation. There is also “no convincing reason why we should deviate from such a sacred established tradition.”¹⁶ The *t'shuvah* also concludes that even though cremation is against Jewish tradition, if a body has been cremated, it is still a positive mitzvah to bury the ashes.

¹⁵ Shapiro, “Cremation in the Jewish Tradition” Proceedings of the CJLS, 1986-1990, 264-265.

¹⁶ Shapiro, “Cremation in the Jewish Tradition” Proceedings of the CJLS, 1986-1990, 262.

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