END OF LIFE:
JEWISH CHOICES AND JEWISH CARING

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Summary

The topic of this thesis is "End Of Life: Jewish Choices and Jewish Caring." The first part of this thesis, subtitled "Jewish Choices," aims to examine, through a Jewish lens, some of the many choices those confronting the end-of-life face. The second part of this thesis, subtitled "Jewish Caring," aims to address the pastoral concerns one faces at the end of life and contains information useful to one providing pastoral care for an individual facing the end of life as well as for his or her family. The third part of this thesis, the contribution of this thesis to the greater Jewish world, includes sample lesson plans for a *bikkur cholim* course for which this thesis could serve as a basis. One lesson plan from each chapter, or each lesson unit, is provided. As explained in the Education Practicum based off of this thesis, the intended audience of this *bikkur cholim* course is a synagogue *bikkur cholim* committee; the co-teachers are the congregation's rabbi and educator.

The goal of this thesis was to explore the Jewish choices that face us at the end of life, and to explore the pastoral care issues that arise for individuals and families in this situation. The goal was also to create a model for a *bikkur cholim* committee curriculum. Resources utilized included Jewish texts on end-of-life issues, works written about end-of-life choices, contemporary responsa by rabbis across the Jewish spectrum, and materials about providing pastoral care. The thesis is divided into three parts. The first part, "Jewish Choices," includes six chapters. The second part, "Jewish Caring," includes eight chapters. The third part, "A *Bikkur Cholim* Committee Class" includes five sample lessons from a *Bikkur Cholim* Committee Class.

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Part III: A *Bikkur Cholim* Committee Class Model

Introduction

Decisions surrounding end of life care and the dying process literally are life-and-death decisions. In many instances, the decision-makers include not only the patient, but also the patient's family, friends, medical team, and religious professionals. For some patients and their families, it is very important to ensure that these decisions accord with Jewish tradition.

Over the past few decades, modern medicine has made unprecedented advances, leading to a longevity revolution. This includes more people living to old age, and more people living with malignancies and chronic diseases.[1] In 1900, life expectancy in the United States was forty to forty-five years of age. Today it is almost double that number.[2] However, the great advances in medical technology bring with it many new situations requiring unprecedented decisions.[3] Rabbi Peter Knobel calls our ability to prolong life and death with medications and machines the "blessing and curse of modern medicine."[4]

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[1] Kübler-Ross, Elisabeth. On Death and Dying: What the dying have to teach doctors, nurses, clergy, and their own families, (New York: The MacMillian Company, 1969) 2; Brown, Fredda Herz, "The Impact of Death and Serious Illness on the Family Life Cycle" The Changing Family Life Cycle: A Framework for Family Therapy 2nd edition, (Eds. Carter, Betty and Monica McGoldrick, Boston: Allyn and Bacon, 1989) 463

[2] Dorff, Elliot Matters of Life And Death; A Jewish Approach To Modern Medical Ethics, (Philadelphia: Jewish Publication Society, 1998) 5

[3] Corn, Phyllis Dvora and Benjamin W. Corn, "Counseling the Terminally Ill Congregant" A Practical Guide to Rabbinic Counseling, (Eds. Yisrael N. Levitz and Abraham J. Twerski, New York: Feldheim Publishers, 2005) 124

[4] Knobel, Peter, "Suicide, Assisted Suicide, Active Euthanasia; A Halakhic Inquiry" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 28

Research shows that Americans seek to include a spiritual dimension in the dying process.[5] As American Jews look to their religious tradition for answers to the many end-of-life questions, they find multiple, sometimes conflicting, answers. In discovering this, it is important for Jews to keep in mind the notion, accepted by all Jewish movements, that we as humans possess free will. Free will allows us to make decisions, and our tradition encourages us to make decisions within a Jewish framework. Rabbi Elliot Dorff reminds us that the etymology behind the word "religion" means "linkages," coming from the Latin root meaning "to bind." Religion serves, he says, as our link to one another, to God, and to our past.[6] The liberal rabbi Israel Bettan identifies religion as the advice, rather than the law, of life. [7] When we contrast this view with the view of those who believe that *halakhah*, Jewish law, governs our Jewish decisions, we come to the root of the difficulty in making decisions within a Jewish framework. Many American Jews do not consider themselves bound by *halakhah*, and do not live in a place where *halakhah* as law can be enforced. However, they do look to Judaism's values, experiences, and insights as they make their decisions.[8] Reform Jewish practice, for

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[5] Spiritual Beliefs and The Dying Process: A Report On A National Survey Conducted for The Nathan Cummings Foundation and Fetzer Institute. (Conducted by The George H. Gallup International Institute, October 1997) 1

[6] Dorff 395

[7] Bettan, Israel, "Reform Responsum On Physician Keeping the Truth From A Patient, 1983" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 179-180

[8] Teutsch, David, "Introduction: Jewish Values and Decision Making" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 3-4

example, puts a great deal of emphasis on looking to our Jewish tradition for guidance about contemporary issues.[9]

When we look to our Jewish tradition, either for guidance or for governance on these topics, we inevitably find that our tradition provides us with multiple answers to single questions. Asking, "what do Jews believe about..." is a complex question.[10] Dorff notes that Judaism is not a philosophical system, but a religious civilization that grew over time.[11] Within Judaism, we find two conflicting values: sanctity of life, and concern for the suffering of one created in God's image.[12] These conflicting values lie at the heart of the diverging viewpoints we find on end-of-life care and decisions within our Jewish tradition.

Judaism's historical emphasis on sanctity of life did not foresee modern medicine and the potential interventions it provides. Therefore, contemporary Jewish medical ethics must struggle with how to incorporate traditional Jewish values with modern medical technology.[13] As far back as the twelfth century, the physician Maimonides prayed "May I never forget that the patient is a fellow creature in pain. May I never

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[9] Kahn, Yoel H. "On Choosing the Hour of Our Death." CCAR Journal: A Reform Jewish Quarterly, (New York: Central Conference of American Rabbis, Summer 1994) 66

[10] Cahana, Michael Z. "Who Shall Live...: A Report from the CCAR Task Force on Assisted Suicide." CCAR Journal: A Reform Jewish Quarterly. (New York: Central Conference of American Rabbis, Winter, 2005) 42

[11] Dorff 14

[12] Zemer, Moshe, "Determining Death in Jewish Law" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 191-196

[13] Kavesh, William, "Taking Control of Difficult Decisions" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 18

consider him merely a vessel of disease."[14] Judaism highly values remembering that all humans are created in God's image, and should be treated not as objects, but as fellow people. Maimonides' statement informs not only the attitude of physicians making end-of-life decisions for patients, but also family and friends who find themselves in these decision-making positions.

As a community, Jews share a collective story of survival. Our history has taught us to fight and to survive. This causes many to fight for life under any circumstances, sometimes blinding people to the alternatives to fighting to the bitter end.[15] As modern medicine presents us with more ways to continue fighting, the Jewish tendency to want to fight for survival and avoid death finds itself with more opportunities to be expressed. According to the Talmud, we should prefer the lingering pain and suffering that accompanies the drinking of bitter waters to death.[16] For centuries, Jews have looked at death as the enemy to avoid.[17]

The *Unetaneh Tokef* prayer of the High Holiday liturgy asks, "who shall live and who shall die." At the time of the compilation of the prayer, the insinuation was that God made these decisions. Elliot Dorff says that today, we too often find ourselves in the

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[14] Freeman, David L. and Judith Z. Abrams, "Introduction" Illness and Health In The Jewish Tradition: Writings from the Bible to Today, (Eds. Freeman, David L. and Judith Z. Abrams, Philadelphia: Jewish Publication Society, 1999) 128

[15] Eilberg, Amy, "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" Jewish Pastoral Care; A Practical Handbook from Traditional and Contemporary Sources, (Ed. Rabbi Dayle A. Friedman, Vermont: Jewish Lights Publishing, 2001) 319, 337

[16] Sotah 22a as cited in Cahana 43

[17] Eilberg, Amy, "A Time To Die; Reflections on Care for the Dying" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 129

position of making those decisions ourselves.[18] Rabbi Yoel Kahn says that if he could rewrite the text to this prayer, he would add to the list of "who by fire and who by water," lists of "who by injection and who by withdrawal of medication; who by morphine and who by barbiturates; who by subtle acts of omission and who by deliberation; who alone and who assisted by friends, family, or health-care providers."[19]

This thesis is divided into two related sections. The first section explores how Judaism defines the end of life and the decisions that might accompany the end of life. In most cases, there is more than one Jewish perspective, and this thesis attempts to cover the scope of conflicting Jewish viewpoints when they exist. The second section focuses on pastoral issues that arise for families and others involved in end of life decision-making. Each section is divided into relevant chapters, under which the reader will find sections, and on occasion subsections, expanding on the issues.

The first section of this thesis, entitled "Jewish Choices," explores the choices one and one's family and friends face at the end of life, examining these choices from a Jewish perspective. The introduction to this section talks about the importance of viewing death as a part of life. The section goes on to elaborate on the role of God and the role of physicians within the medical realm, including discussion on "who," God or the physician, owns our bodies, ultimately heals us, and under what obligation humans fall to save a life, based on its importance in Judaism. The section continues by looking at the *halakhic* issues one must understand to discuss these topics, including the definition and treatment of *terefah* and *gesisah* and the way Judaism defines the exact moment of death. The topic of Judaism's approach to the topic of "when death looks

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[18] Dorff 282
[19] Kahn 65

better than life" follows. In this chapter, the reader will find a discussion of whose right and decision it is to end life, and the various methods available to end life. Those discussed in this thesis include suicide, euthanasia, and physician assisted suicide. Within the discussion on euthanasia, the reader will find information about removing the impediment to death, withholding or withdrawing artificial nutrition and hydration, and withholding or withdrawing artificial respiration. Following that chapter, the reader will find a discussion regarding when is nearing but there is still a little life left, including a discussion on hospice care. The final chapter in the first section of this thesis explores opportunities for individuals or their families to give the gift of life when one's life is no longer. This chapter includes discussions on organ donation as well as donating one's body to science.

The second section of this thesis, entitled "Jewish Caring" focuses on pastoral issues that arise for families and others involved in end of life decision-making, examining these issues from a Jewish pastoral perspective. The introduction to this section discusses the importance of starting this conversation before it is too late. The following chapter explores the issue of *bikkur cholim*, looking at the Jewish obligation to and importance of *bikkur cholim*, options for *bikkur cholim* committees, and the role the chaplain plays with regards to *bikkur cholim*. The section continues by looking at what happens when one makes a visit to the sick, viewing the visitor as a support system, discussing what to do and what to say when making a visit to one nearing death, and exploring the importance of physical contact. The topic of what families and visitors can do for the dying individual follows, looking at the issues of giving the dying individual a sense of control and choice, and of how much to reveal to the dying individual. The next

chapter examines the practical considerations for the individual facing the end of life, including advance directives and ethical wills. The following chapter moves into a discussion of the psychosocial issues for the individual facing the end of life, including the emotional needs of the dying and Elisabeth Kübler-Ross's emotional stages of dying. The section then moves into a discussion of the spiritual issues for the individual facing the end of life, including the importance of hope and positive thinking, the importance of God, prayer, and ritual to people facing the end of life, and a discussion about the Jewish tradition of *viddui*. This section closes by looking at the psychosocial and spiritual issues for families facing the end of life, including the impact of death on families and family position and its impact on death.

Part I: Jewish Choices

CHAPTER I: INTRODUCTION

Section A: Viewing Death As A Part Of Life

In previous generations more so than today, people viewed death as a natural part of life.[20] Today, it seems we treat death as another disease to conquer, another part of life to battle against.[21] Death, by definition, is the exact opposite of life.[22] While the opposite of life, death is also a part of every one's lifetime. Fredda Herz Brown says that by viewing time as circular and evolutionary, we can view death as "part of an ebb and flow, beginnings and ends." Then, we can stop viewing death as an absolute final end.[23] We can begin viewing it as a part of the life cycle, of every one's life cycle. According to Elliott Rosen, when we accept death's inevitability, when we incorporate it into the meaning of our lives, only then can we truly wrestle with end-of-life questions.[24]

Our classical Jewish sources represent death as a part of life and a part of God's creation.[25] King David simply asks, "What man lives and will never see death?!"[26] Ecclesiastes says "The day of death is better than the day of birth."[27] Our biblical sources clearly acknowledge death as an anticipated part of the life cycle. A *midrash* speaks to

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[20] Spiritual Beliefs and The Dying Process: A Report On A National Survey Conducted For The Nathan Cummings Foundation and Fetzer Institute, (Conducted by The George H. Gallup International Institute: October 1997) 3
[21] Braga, Joseph L. and Laurie D. "Foreward." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) x
[22] Corn and Corn 119
[23] Brown 461
[24] Rosen, Elliot J. Families Facing Death: A Guide for Healthcare Professionals and Volunteers. Revised Edition, (San Francisco: Joseey-Bass Inc., 2998) 217
[25] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 319
[26] Psalms 89:49
[27] Ecclesiastes 7:1

the Jewish view that God created both life and death. *Bereshit Rabbah* teaches that the Torah of Rabbi Meir read differently than the traditional Torah text for the verse "God saw everything that God made, and behold, it was very good."[28] Rabbi Meir's Torah read "*vehinei tov mot,*" "behold death was good" instead of "*vehinei tov meod,*" "and behold it was very good."[29] Though the *midrash* continues with a lengthy debate about the purpose of death, the "misprint" in Rabbi Meir's Torah gives an alternate way of viewing death.[30] The *Unetaneh Tokef* prayer gives another alternative way to view life and death. The prayer teaches that the hours of our birth and our death are in God's hands, but everything in between is in ours.[31]

The death of another person makes us think about our own lives, our fears, and our own mortality.[32] The fear of death often cripples people. Elisabeth Kübler-Ross calls it a "universal fear which transcends time and place." She points out people's willingness to include the expectation of a new baby into daily conversation. She argues that if people were as willing to discuss death throughout our lifetimes, death would not be such a "taboo" topic, so difficult to broach. Kübler-Ross believes that by avoiding the topic of death, we do a great deal of harm. We could use that time to "sit, listen, and share" rather than waste it in fear.

Kübler-Ross sees death as a part of our lives, giving meaning to our existence. She says it limits our lifespan, forcing us to live a productive life for as long as the life is

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[28] Genesis 1:31
[29] Bereshit Rabbah 9:5
[30] Zemer, Moshe, "Reform Responsum On Passive Euthanasia" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 191-196
[31] Kahn 65
[32] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 318

our own.[33] Peter Knobel views death as a part of the meaning of life. He therefore says that the way one dies should be consistent with how he lives.[34, 35] Though many of us plan for our futures, many of us do not "rehearse" what life will be like as we die.[36] By considering death as a part of life, we move towards a point of considering it as any other stage of the life cycle. As Kübler-Ross puts it, "death is the final stage in the development of human beings."[37]

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[33] Kübler-Ross: On Death and Dying 5, 141-142, Braga, Joseph L. and Laurie D. x
[34] Knobel 48
[35] For the duration of this paper, the masculine pronoun (he, him, etc.) is used as the default pronoun when discussing or describing an individual. This is done for the sake of consistency and is not a statement about the gender of physicians, dying individuals, or anything further.
[36] Wolpe, Paul Root, "Forming New Relationships" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 28
[37] Braga, Joseph L. and Laurie D. xi

CHAPTER II: THE ROLE OF GOD AND THE ROLE OF THE PHYSICIAN

Section A: Who Owns Our Bodies

Every movement within Judaism agrees that humans possess free will. A debate exists among the movements, however, regarding the extent to which we can use our free will to make our own decisions. The Jewish literary tradition offers two major opinions as to who owns our bodies. Both opinions base themselves on the same premise; God, our Creator, creates our bodies. The difference between the two perspectives stems from different understandings of what we can do with the free will which all humans possess. The Orthodox perspective on the topic teaches that God has complete ownership over our bodies; God created us, loans us our bodies for the duration of our life, and upon death we return our loaned bodies to God.[38] Therefore, we must utilize our free will to do with our bodies what God, their rightful owner, would want. The liberal perspective teaches that God created life and gave it to humans, giving up control of what God once owned in doing so.[39] This view teaches that we can utilize our free will to make decisions about our bodies. Though we may choose to make these decisions and live our lives within the context of the mitzvot, many liberal Jews interpret the mitzvot in different ways. The liberal Jewish framework allows for different interpretations. The following section will elaborate upon these different views.

From the Orthodox perspective, several obligations follow. When we believe that we are borrowing something from someone else, we must treat it as that person would

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[38] Staitman, Mark N., "Withdrawing or Withholding Nutrition, Hydration or Oxygen from Patients" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 3, Dorff 15

[39] Staitman 1-3

desire. The same logic therefore follows with regard to our bodies. We should treat them as their rightful owner, God, would want.[40] This understanding should guide our choices in life and at the end of life. According to a study conducted by the George H. Gallup International Institute, when questioned about end of life issues, most people who believe that their life belongs to God say that they would choose a plan of care which would extend their life, even if it meant more pain and discomfort.[41]

Some liberal Jews hold an opposing view: God does not own our bodies for the duration of our lifetimes. Instead, God created life and gave it to humans. According to Mark Staitman, when the relationship between one's life and God is a relationship of freedom, life has its greatest meaning. In order for people to experience this freedom, God, the original owner of our bodies, must give up control. Therefore, humans have the right to make decisions, including end of life decisions, in accordance with our free will. Without free will none of these decisions hold relevance. The decisions we humans make of our own free will should still reside "within the context of our covenantal relationship with God." Even though God gave humanity freedom, the mitzvot limit that freedom. Therefore, God ultimately plays a great role in our decision-making.[42] The debate about free will, as mentioned above, centers around the extent to which mitzvot, *halakhah*, or a relationship with God, guide or govern us. Some Jews believe that they must exercise their free will to make these decisions in accordance with their understanding of the mitzvot and *halakhic* system.

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[40] Teutsch 8
[41] Spiritual Beliefs 52
[42] Staitman 1-3

Section B: God vs. Physician As Healer

Following the question of who owns our bodies, we must tackle the question of who has the right to heal: God or human? The answer to this question has changed throughout the course of Jewish history. The Bible stresses God as the one who both makes people ill and heals them. While both the Bible and the Mishnah recognize physicians, most of their statements promote God as the healer and discourage the use of physicians. However, later, both the Talmud and *midrashim* consider the physician a praiseworthy member of society. The codes and modern responsa literature recognize both the physician's work and our role in seeking out physicians to heal us as obligatory. Much of our literature ultimately harmonizes the functions of God and physician as healers. The following section will examine this topic and its evolution over time and across the Jewish spectrum.

Ancient Israelite society, as depicted in the Hebrew Bible, did not concern itself with medicine as much as other Ancient Near Eastern societies.[43] However, the Bible does give us some guidance in this area. Predominantly the Bible speaks of God as the ultimate healer and as the one who makes people ill.[44] For example, Exodus 15:26 states "...for I am God who heals you." Often in the Bible, God sends illness as a punishment for sin.[45] 2 Kings 5:6-7 expounds upon the viewpoint that God controls illness and healing. Upon receiving a letter asking that he help cure a man of leprosy, the King of

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[43] Jacob, Walter, "End Stage Euthanasia – Some Other Considerations" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 92

[44] Exodus 15:26, Deuteronomy 32:29, Isaiah 19:22, Isaiah 57:18-19, Jeremiah 30:17, 33:6, Hosea 6:1, Psalms 103:2-3, Psalms 107:20, Job 5:18, as cited in Dorff 26

[45] Meyers, Carol, "The Jewish Healer: Wellness and Holiness in the Bible" Illness and Health In The Jewish Tradition: Writings from the Bible to Today, (Eds. Freeman, David L. and Judith Z. Abrams, Philadelphia: Jewish Publication Society, 1999) 130

Israel angrily asked, "Am I God...to cure him of his leprosy?" Job does not understand the reasons for his afflictions which God causes.[46] The *Amidah* which praises God "who heals the sick" also depicts God as healer.[47] According to several rabbinic sources, the concept of God as the One who owns and heals us obligates us to help others escape sickness, injury, and death.[48]

God as the ultimate healer often stands in contrast with the role of physicians. The view of God as healer, which diminishes the role of physicians, exists in the Bible.[49] The story of King Asa in 2 Chronicles 16:11-14 warns against those who seek physicians, not God, as healers. We read that King Asa "did not seek God, but the physicians" to heal him, and the next verse tells us that he died. The Mishnah also presents a negative view of physicians by stating "the best of physicians is destined for hell."[50] At the time of the Mishnah, doctors often lacked medical knowledge and the ability to heal, resulting in many deaths. This may account for the negative statement about physicians.[51] The tradition contains other teachings of this sort, including one by Reb Nachman of Bratslav. He states that because the Angel of Death is too busy to kill everyone alone, he appoints messengers to help him. Reb Nachman calls these messengers doctors.[52] Elliot Dorff

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[46] Meyers 130-131
[47] Jacob "End Stage Euthanasia – Some Other Considerations" 92
[48] Sifra on Leviticus 19:16, Sanhedrin 73a, Rambam Hilkhot Rotzeach 1:14, Shulchan Aruch Choshen Mishpat 426, as cited in Dorff 26
[49] The reason for the negative treatment of physician in the Bible as we read in Freeman and Abrams: Ben Sira 134 may be because during Biblical times, healers were often diviners and magicians, people looked upon negatively by the Biblical tradition.
[50] Mishnah Kiddushin 4:14
[51] Dorff 280
[52] Kavesh, William, "End-Of-Life Technologies" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 41

and others argue that the statement of the Mishnah no longer applies today as the capabilities of physicians have changed.[53]

Conversely, the Bible contains traditions pointing to the physician as the source of healing. Jeremiah 8:22 asks, "Is there no balm in Gilead; is there no physician there? Why then has not the health of the daughter of my people been restored?" Other selections in the Bible teach us that God authorizes, even requires, humans to heal.[54] The *Mishnah,* Talmud, and *Midrashim* favored medical intervention and praised physicians. Hellenism may have influenced these later rabbinic opinions.[55] According to the Talmud, the physician has permission to heal.[56] Taking this message even further, the Talmud teaches that in order for a town to be suitable to have Jewish scholars as its inhabitants, the town must have a doctor.[57]

Some of our sources focus on the physician's obligation to use his capabilities to heal. The Shulchan Aruch says that a physician who withholds his services is as if he has shed blood.[58] Rabbinic literature bases its emphasis on a physician's obligation to heal upon two biblical verses: "He shall cause him to be thoroughly healed"[59] and "You shall not stand idly by the blood of your neighbor."[60]

Contemporary *halakhic* authorities also view physicians as obligated to heal. Rabbi Eliezer Waldenberg, known as the Tzitz Eliezer says that the principle of *pikuach nefesh* requires doctors to attempt to heal patients, and a failure to use their ability is akin

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[53] Dorff 280
[54] Exodus 21:19-20; Leviticus 19:16
[55] Jacob "End Stage Euthanasia – Some Other Considerations" 92
[56] Berakhot 60a
[57] Sanhedrin 17b, Jerusalem Talmud Kiddushin 66d as cited in Dorff 27
[58] Shulchan Aruch Yorah Deah 336:1
[59] Exodus 21:20
[60] Leviticus 19:16

to murder. He also says that a doctor should not hold back in his attempt to heal for fear of error, as he will not be held accountable. [61]

Rabbinic literature often contains statements harmonizing the ideas of God and Physician as healers. *Midrash Temurah* contains a story about Rabbis Akiva and Ishmael telling a man that although God gives us our bodies, we are responsible to seek physicians to heal us. [62] They draw a parallel to the idea that although God gives us the earth, we must till it with our own hands. This story exemplifies the partnership between God and the physician, who does God's work by healing. According to Jewish tradition, seeking medical attention is appropriate because God gives us medical insights and gives physicians the capability to heal.[63] Ben Sira, the second century B.C.E. sage and scribe, focuses on the doctor-patient relationship. He teaches about the importance of listening to our doctors when he says, "whoever is a sinner towards his Creator will be defiant toward the doctor." Ben Sira tells us that God established the profession of the physician, who he advises us to "make friends with." He goes on to tell us that the doctor's wisdom comes from God. However, while the place of the doctor is to heal, we may also pray to God for one who is ill as well. Ben Sira thereby strikes a compromise between God and physician as healer.[64]

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[61] Teshut Tzitz Eliezer 4:13
[62] As cited in Otzar Midrashim II 580-581
[63] Kavesh "Taking Control of Difficult Decisions" 14
[64] Ben Sira, translated by Patrick W. Skehan, "The Jewish Healer: Honor the Physician" Illness and Health In The Jewish Tradition: Writings from the Bible to Today, (Eds. Freeman, David L. and Judith Z. Abrams, Philadelphia: Jewish Publication Society, 1999) 134-135

Section C: Importance of Life and the Obligation to Heal or Save It

In order to address the topic of the Jewish obligation to heal or save a life, we must define what constitutes a life. The Jewish understanding of who is counted among the living contains many definitions: humans who follow God's mitzvot; humans who are sinners; humans who are healthy; humans who are disabled; intelligent humans and those who lack intelligence; and humans with all different "qualities" of life. The problem arises when we address the topics of what "types" of life we are obligated to heal or save and who has the right to define different acceptable "qualities" of life. The answer varies across different Jewish movements and even within movements themselves. For example, the Tzitz Eliezer, one representative of the Orthodox Movement, states that *halakhah* requires us to do all that we can to save a patient. Solomon Freehof, a liberal decisor, says that we may try anything to save a patient. However, Solomon Freehof also states that we do not have an obligation to intervene in a hopeless situation. The question comes down to terminology, how we define "hopeless," "quality of life," how we understand the difference between the *halakhic* concepts of "obligation" and "permission," and ultimately if we accept *halakhah* as binding. This section will elaborate on these terms and the various contemporary Jewish opinions.

Judaism places a great importance on life. Elliot Dorff points us to Leviticus 18:5, "observe God's commandments and live by them." He notes that the rabbis take this verse, in general, to mean that observing the commandments should not kill us.[65] The question: "what is the 'life' about which we speak?" arises. Before we can determine our obligation to heal or save a life, we must determine what we mean by

[65] Dorff 15

"life." For certain, Judaism acknowledges more than one type of proper life. Though people with disabilities do not always receive favorable treatment in our Jewish tradition, even the Talmud provides us with a blessing to recite upon seeing someone different from us.[66] This blessing praises God who creates different creatures. This teaches that there is no one acceptable type of Jewish life. What one person may view as an acceptable way to live, another may view differently. However, the variant Jewish views of life include them all. This plays into the debate about end of life issues.

Although physicians receive a great deal of training as to how to prolong life, they receive little training on the definition of "life."[67] Instead, they learn how to recognize and define death. Traditional Jewish sources parallel this. Many opinions exist as to how to define "life." No one conclusion yet exists. Thus difficulty arises when we attempt to define to what extent we must work to save a "life."

When questioning the criteria used to define "life," Maimonides points to the capacity to think. Using the verse "Let us make man in Our image,"[68] Maimonides says that humans must have a "form that knows."[69] When we lose that capacity, Maimonides considers us dead.[70] Some, including Rabbi Avram Reisner, disagree with Maimonides' line of reasoning. Rabbi Reisner believes that to define death by the absence of intelligence belittles the body created in God's image. It could also border on suggesting that we should discontinue treatment for the intellectually challenged, something outside

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[66] Berakhot 58b
[67] Kübler-Ross: On Death and Dying 20
[68] Genesis 1:27
[69] "form that knows" – for Maimonides, this means that humans should have the capacity to possess knowledge
[70] RAMBAM Hilkhot Yesodei HaTorah 4:8

of the realm of acceptable Jewish action. Rabbi Elliot Dorff states that he agrees with Rabbi Reisner's objections to Maimonides' approach.[71]

Following the question of what defines life, the question "how obliged are Jews to save a life?" arises. The preliminary questions are: Are dying people required to endure pain? Are physicians required to save a person even if it means continuing pain for the individual? Are all lives worth saving? Is life worth saving under all conditions? How do we define "quality of life" and who has the right to define it?

As previously noted, Judaism does not clearly define the extremes to which we must go to save a life. Jewish texts outline different attitudes as to when life is no longer "worth" saving. According to the Talmud, a person in the period of "*chayei sha'ah*" is "one who will certainly die."[72] Elliot Dorff redefines the term as the time that one lives after diagnosis of a terminal illness. Dorff uses this definition to state that after diagnosis occurs, we are not obliged to cure an incurable person.[73] Dorff states that Judaism does not require patients and physicians to do what is "humanly impossible."[74] He reminds us that we have a Jewish obligation to cure a healthy person who contracts an illness. However, we do not have an obligation to intervene with a terminal patient; one whom he says is in the state of *terefah.*[75] For this patient, we can allow nature to take its course. This holds true even with regards to a potentially curable secondary illness, such as pneumonia. Dorff allows the terminal patient to request that the doctor withhold or withdraw machines or medications which sustain but will not cure the patient. Dorff

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[71] Dorff 215-216
[72] Avodah Zarah 27b
[73] Dorff 204
[74] Dorff 219
[75] For a further discussion on *terefah*, see the section on "Defining and Treatment of *Terefah/Gesisah*"

states that Judaism permits this because it will allow the patient to die less painfully.[76] The liberal decisor Solomon Freehof states that we do not have an obligation to intervene in a hopeless situation in order to minimally prolong life.[77] Walter Jacob takes Solomon Freehof's lenient attitude even further in saying that when faced with a doubtful medical prognosis and negative psychological prognosis, we should not encourage an operation. He says that we should allow the patient to live out his remaining days with the assistance of drug therapy in order to keep the patient comfortable.[78]

Of course the opposite opinion also exists. The Tzitz Eliezer says we must do all we can to save a life.[79] Solomon Freehof states that we may do anything possible to save a life, but we are not obligated to do so.[80] Freehof even says that one may risk a remedy which could potentially kill him if a good chance exists that the remedy will save him. For Freehof, we can go even to the extent where we might fail in an attempt to save a life. In classic Reform style, Freehof speaks in both cases of things that we may do, but not things that we must do. The Tzitz Eliezer in his statement calls it an *halakhic* obligation to do all we can to save a life.

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[76] Dorff 206-207

[77] Freehof in Modern Reform Responsa #'s 34, 35 as cited in
Jacob, Walter, "Reform Responsum On An Elderly Patient Who Refuses Dialysis, 1988" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995)

[78] Jacob, Walter, "Reform Responsum On Surgery At Ninety-Six, 1984" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 172-175

[79] Tzitz Eliezer IX as cited in Kravitz, Leonard, "Euthanasia" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 19

[80] Freehof, Solomon, "Reform Responsum On Allowing A Terminal Patient To Die" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 197-201

CHAPTER III: HALAKHIC ISSUES LEADING UP TO AND AT DEATH

Section A: Definition and Treatment of *Terefah/Gesisah*

The *halakhic* system assigns the terms *terefah* and *gesisah* time values. Traditional *halakhah* defines the *terefah* as one who has less than one year to live,[81] and the *gesisah* as one who has less than seventy-two hours to live.[82] As life expectancies rise and quality of life becomes a highly debated topic, a move exists within the Jewish community, especially its more liberal sectors, to redefine the *halakhic* terms *terefah* and *gesisah*. Before making end of life related decisions, those concerned with *halakhah* and Jewish traditions will consider these states, and the laws regarding them. Some Jewish authorities advocate leaving the traditional *halakhic* definitions of these states alone, while others strongly advocate in favor of changing them, Defining the moment of becoming a *terefah* or a *goses* affects not only to those concerned with the *halakhic* system, but also to those who care about maintaining rituals, customs, and traditions.

Maimonides defines one in the state of *terefah* as one who has one year or less to live.[83] For Maimonides, the defining factor is a dead person's unique ability to defile. However, Maimonides notes that the Talmud says that one with no possibility of recovery also defiles.[84] This draws the connection between one with no possibility of recovery and one who is dead. Maimonides says that humans do not hold accountable one who murders a *terefah* in the same way as one who murdered a non-*terefah*.[85] Elliot Dorff defines a *terefah* as a terminally ill patient who will die of his disease, regardless of

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[81] Dorff 294
[82] Shulchan Aruch Yorah Deah 339:2
[83] RAMBAM Hilkhot Rotzeach 2:8
[84] RAMBAM Hilkhot Tumat HaMet 1:15
[85] RAMBAM Hilkhot Rotzeach 2:8

the time frame.[86] While Mark N. Staitman also defines a *terefah* as a terminal patient, he is careful to note that the category of *terefah* does not include a person in a permanent vegetative state, since while a *terefah* will die of his disease, those in a permanent vegetative state are not necessarily terminally ill.[87]

All of the traditional *halakhic* authorities agree that once a person becomes a *goses*, the obligation no longer exists to take medical measures to save the patient. According to *Sefer Hassidim*, we do not cry out on behalf of the *goses* in the hopes that his soul will return, because at most he will live a few days, and those will be days of great suffering.[88] It is for this reason that Ecclesiastes 3:2 says "a time to die."[89] Determining the time when a person becomes a *goses* has important implications for end of life care and treatment. *Semakhot* teaches that one may not speed the death of a *goses*; literally "one may not close the eyes of a *goses*, one who touches him so as to move him is a murderer."[90] However, others say that the Jewish obligation to relieve pain requires us to do whatever we can to make a *goses* comfortable, even if this means the possibility of quickening his death.[91] While *Semakhot* teaches that we may not speed the death of a

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[86] Dorff 200
[87] Staitman 7
[88] Sefer Hassidim as cited in Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 336
[89] Sefer Hassidim as cited in Eilberg "A Time To Die: Reflections on Care for the Dying" 126
[90] Mishnah Semakhot 1:4
[91] Segal, Sheila, "Pain and Suffering" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 87

goses, many of our other texts support the view that we should remove obstacles which might lead to an easier death for the *goses*. [92]

The Shulchan Aruch defines a *goses* as a person in the three day period before death. The text teaches us that three days after seeing a *goses*, one begins to mourn for him. [93] Joshua Falk, in the early 1600's, clarifies that a *goses* is a person in the last seventy-two hours of life. This seems consistent with the medical knowledge of the time period.[94] David Bleich, a modern *halakhic* authority, who commonly rules stringently, states that a person is *goses* if he will die within a seventy-two hour period despite all medical efforts by doctors.[95] Mark Staitman makes it clear that he does not include those in a permanent vegetative state in the category of *gesisah* on the grounds that a *goses* is one who will die within three days and one in a permanent vegetative state may not die for years.[96] There are those modern decisors, though, who rule more leniently. Jakobivits and Reisner, go so far as to say that one who suffers from an incurable terminal illness merits inclusion in the state of *gesisah*. [97] Staitman and Dorff include this group in the category of *terefah*. Those who rule that a terminal patient merits inclusion in the state of *gesisah* rule as such even if more than a year will elapse before the person dies.[98]

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[92] Ketubot 104a, Neddarim 40a, Sefer Hassidim 723, RAMA to Shulchan Aruch Yorah Deah 339:1, Shulchan Aruch Even HaEzer 121:7, Shulchan Aruch Choshen Mishpat 221:2, as cited in Jacob, Walter, "Reform Responsum On Nutrition and Incurable Cancer, 1991" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995)165-166
[93] Shulchan Aruch Yorah Deah 339:2
[94] Jacob "End Stage Euthanasia – Some Other Considerations" 94
[95] Dorff 199
[96] Staitman 7
[97] Jakobivits 1959, 1975 p. 124, Reisner 1991 p. 56-58 as cited in Dorff 200
[98] Dorff 199-200, specifically Jakobivits and Reisner as noted above

In the modern world, redefining the category of *goses* has important implications. For example, it could lead to Jewishly sanctioned possibilities of assisted suicide for terminally ill patients. According to the modern reform *halakhic* decisor Walter Jacob, one may remove medical and technological means keeping a dying patient alive, including artificial nutrition.[99] Jacob advocates abolishing the three day time frame or any time frame at all, to define a *goses*. Instead he advocates utilizing specific conditions to determine that a patient is *goses*. These specific conditions include a patient reaching the final stage of a terminal disease which has "neither a cure nor a way of halting the progress of the disease," irreversible coma and brain death. Jacob suggests even going beyond halting treatments for a *goses*. He suggests that we may even assist the *goses* to a painless death.[100] Those concerned with these *halakhic* categories and the traditions surrounding them find the definitions of *goses* and *terefah* vitally important to determine end of life ethical issues.

[99] Jacob "Reform Responsum On Nutrition and Incurable Cancer, 1991" 165-166
[100] Jacob "End Stage Euthanasia – Some Other Considerations" 95

Section B: Defining the Moment of Death

Defining the moment of death may carry the greatest consequences in the field of end of life bioethics. The implications of determining the moment of death affect everything from decisions regarding the withdrawal of life support to the permissibility of organ donation. The Jewish tradition has two major opinions as to when the moment of death occurs, both based on physical functions. One states that death occurs with the cessation of respiration. The other states that death occurs with the cessation of heartbeat. Stricter ultra-orthodox authorities, such as Rabbi Shlomo Zalman Auerbach, require a cessation of heartbeat to determine death. [101] Many more lenient authorities, including some Modern Orthodox authorities, require a cessation of respiration but not heartbeat to determine death. Still others require cessation of both to determine death. The Ad Hoc Committee of Harvard Medical School set four criteria for death: lack of response to external stimuli or eternal need, absence of breath for at least one hour, absence of reflexes, and a flat electroencephalogram.[102]

Jewish literature also offers a completely different approach to this issue. Maimonides looks at the moment the soul leaves the body to determine death. Modern rabbis, such as Mark Staitman, expand on this ruling to say that since a body without a soul cannot communicate with God, the body without a soul experiences "theological death."[103]

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[101] Zemer "Determining Death In Jewish Law" 114-115

[102] Bleich, J. David. Contemporary Halakhic Problems. Vol. 1, (New York: Ktav Publishing House, Inc., 1977) 372-393, DeNoon, Daniel J. "End-Of-Life-Decisions: What Would You Want?" WebMD. 21 March 2005. 28 May 2008. <http://www.webmd.com/news/20050321/end-of-life-decisions-what-would-you-want>

[103] Staitman 8

The debate surrounding the moment of death and its definition lies at the core of the modern Jewish bioethical debate. According to Phyllis Dvora Corn and Benjamin W. Corn, the definition of death is the most pressing concern within the bioethical field.[104] Judaism defines death as the cessation of respiration, the cessation of heartbeat, or both. Today, the newer categories of brain death and brain stem death have captured both the scientific and the Jewish worlds. When a person is brain dead, they no longer have any electrical function in the brain.[105] Brain death is "the cessation of all brain functions, though the heart continues to beat."[106] This differs from brain stem death. The brain stem "automatically regulates critical body functions such as breathing, swallowing, blood pressure, and heartbeat." Damage to the brain stem results in a loss of consciousness and a cessation of these automatic body functions, with death soon following.[107]

Several of our biblical texts support the theory that breath determines life.[108] We read in the Torah, "in all whose nostrils is the breath of life."[109] From this statement some derive an opinion that life enters and exits via breath through the nostrils. The Talmud contains a ruling about what should happen if debris falls on a person on Shabbat, when prohibitions against work, like removing debris, are in force.[110] The Talmud states that the debris may be removed from a person to see if he is alive. This

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[104] Corn and Corn 119
[105] DeNoon
[106] Maiese, Kenneth. "Stupor and Coma." February 2008. Merck. 28 May 2008. <http://merck.com/mmhe/sec06/ch084/ch084a.html#sec06-ch084-ch084a-588>
[107] Goldman, Steven A. "Brain." November 2007. Merck. 28 May 2008. <http://merck.com/mmhe/sec06/ch076/ch076b.html#sec06-ch076-ch076b-20>
[108] Genesis 2:7, 7:22
[109] Genesis 7:22
[110] Yoma 85a

raises the question – how do we determine whether he is alive? The rabbis rule that the debris may be removed far enough that those searching for the person can reach his nose and feel that he is breathing. According to RASHI, if we find no breath in his nostrils, we know that the individual is dead. As a result of this Talmudic passage, Judaism contains a view that the cessation of breath alone determines death.[111]

Maimonides ruled that we do not have an obligation to provide treatment to the decapitated.[112] Staitman rules, based on Maimonides, that Judaism does not obligate us to provide treatment for a person in a persistent vegetative state, and we may withhold or withdraw artificial nutrition, hydration, and respiration.[113] The modern decisor Dr. Moshe Tendler holds a similar view. He rules that we consider a decapitated individual with a severed spinal cord dead, even though the heart may continue beating. Based on Tendler's ruling, Rabbi Moshe Zemer concludes that "irreversible loss of spontaneous respiration due to interruption of blood flow to the brain stem is tantamount to a physiologic decapitation." This implies that we may declare a person dead based on a cessation of breath due to a cut off of blood supply to the brain stem. In 1976, Rabbi Feinstein, Tendler's father-in-law and the leading Orthodox decisor, declared a revision to his position on brain death due to Tendler's findings. Tendler informed him that modern tests could determine that the brain and body were no longer functionally connected. Tendler concluded that this allows us to consider the person whose brain and

[111] Zemer "Determining Death In Jewish Law" 106-107
[112] RAMBAM Hilkhot Tumat HaMet 1:15
[113] Staitman 9-10

body are no longer functionally connected as one who is decapitated, for whom we have no *halakhic* obligation to maintain treatment or artificial support.[114]

Determining whether or not the cessation of respiration is sufficient to determine death has bearing on sustained life support treatment as well as on organ donation. According to Jewish tradition, one life does not take precedence over another.[115] Since the potential recipient's life does not take precedence over the donor's life, establishing criteria to determine the exact moment of death is crucial to the topic of organ donation.[116] In 1986, the Israel Chief Rabbinate Council officially stated that due to the rising success rate of heart transplants, the cessation of respiration alone may suffice to declare a person dead. Not requiring the cessation of heartbeat makes the heart viable for transplant, whereas requiring the heart to stop beating before determining death precludes heart transplantation. Therefore, the ruling that brain death had occurred, though a heartbeat remained, permitted heart transplants from a *halakhic* perspective.[117] In addition, the Orthodox Rabbinical Council of America created an advance directive which states: one may decline cardiac resuscitation in a situation where three doctors can determine that a person has irreversible brain damage as well as an inability to recognize others or communicate. This holds true even when the patient in question is not terminally ill, and even when after resuscitation, the person could live for a long time. This might imply that a patient with advanced dementia, or a stroke patient who has lost

[114] Zemer "Determining Death In Jewish Law" 111-112
[115] Mishnah Ohalot 7:6
[116] Dorff 228
[117] Zemer "Determining Death In Jewish Law"112-113

his ability to communicate, could deny cardiac resuscitation and remain within halakhically permissible parameters. [118]

As noted above, some Jewish authorities require the cessation of a heartbeat to declare a person dead. This opinion also goes as far back as the Talmud. The discussion about the above mentioned story of one upon whom debris falls on Shabbat contains within it a minority opinion saying that one must search as far as his heart in order to determine death.[119] In contrast to the opinions of the more Modern Orthodox *halakhic* decisors, ultra-Orthodox decisors including Rabbi Shlomo Zalman Auerbach, rule that while one's heart beats, we may not do anything to the person to quicken his death. This has implications, different from those discussed above, for heart transplantation and long-term life-support. According to Rabbi Shlomo Zalman Auerbach, only when the *Sanhedrin* is again established can we formulate a different definition of death.[120]

Some take the view that neither cessation of heartbeat nor cessation of respiration alone can determine death. They require the cessation of both to determine death.[121] There are several reasons for this. According to Moses Isserles, the RAMA, because we do not know how to distinguish death from a mere fainting spell, we need to wait for both heartbeat and breath to cease in order to declare a person dead.[122] The late seventeenth century Chacham Zvi of Lemberg requires both the cessation of heartbeat and respiration in order to determine death. He said that to declare a cessation of life through the nostrils alone was too simplistic; he said, "breathing going from the heart through the lung is

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[118] Kavesh "End-Of-Life Technologies" 48
[119] Dorff 228
[120] Zemer "Determining Death In Jewish Law" 114-115
[121] RASHI to Yoma 85a, Chacham Tzvi 77, Teshuvot Chatam Sofer Yorah Deah 338, as cited in Dorff 228
[122] Shulchan Aruch Yorah Deah 338

recognizable only as long as the heart is alive. It is very clear that there is no respiration except when there is life in the heart." The early eighteenth century Chatam Sofer determines death "when the person has been lying still like an inanimate stone, there is no pulse, and respiration has ceased." The Tzitz Eliezer acknowledges that the traditional definition of death includes cessation of brain and heart function, and does not consider brain death itself to be death.[123] Modern technology plays into this debate as well. Some rabbis today including the Orthodox *halakhic* authorities, Rabbis Yechiel Michal Tuchatzinsky and Shalom Gagin, advocate waiting 20-30 minutes following the cessation of breath and heartbeat to declare death. However, others including the Israeli physician and writer on *halakhah*, Dr. Jacob Levy, argue that, due to technological tests such as the sphygmomanometer and electrocardiogram, we can define the moment of death based solely on the detected cessation of breath and heartbeat.[124]

The Ad Hoc Committee of the Harvard Medical School determined four criteria for brain death. They include a "lack of response to external stimuli or internal need, the absence of breath for at least one hour, the absence of reflexes, and a flat electroencephalogram to confirm the first three criteria."[125] David Bleich points out that these criteria agree with many of our Jewish texts, defining death as a cessation of breath.[126] Bleich, through considering both our rabbinic sources and the criteria of the Harvard Medical School, determines that one can determine death when cardiac and

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[123] Zemer "Determining Death In Jewish Law" 109, 116-117
[124] Dorff 229, Bleich 380-381
[125] Bleich 372-393
[126] Yoma 85a, RAMBAM Hilkhot Shabbat 2:19, Shulchan Aruch Orech Chayim 329:4 as cited in Bleich 372-393

respiratory function cease, without the further test of the electroencephalogram.[127] The more liberal rabbis, Moshe Zemer and Walter Jacob, accept the recommendations of the Harvard Medical School.[128]

Liberal decisors have accepted various definitions for brain death.[129] As expected, the more conservative decisors shy away from leniency on this topic. On behalf of the Conservative Movement, Rabbis Daniel C. Goldfarb and Seymour Siegel, in 1976, determined that a flat electroencephalogram, indicating that spontaneous brain activity has ceased, suffices to determine death.[130] Rabbi Shlomo Zalman Auerbach, coming from the ultra-Orthodox perspective, prohibits one from disconnecting a brain dead patient from his life support systems.[131]

Brain stem death, the cessation of automatic body functions such as breathing and heartbeat, is another hotly debated topic both outside of and within the Jewish world.[132] Cases exist where Orthodox decisors accepted brain stem death as death itself.[133] Among the more prominent rabbis to decide this is the former Chief Rabbi of Israel, Rabbi Shlomo Goren, who declared that brain death, including brain stem death, constitutes death. He based his ruling on the Talmudic story requiring cessation of breath to determine death. Some claim that the cessation of breath signals the death of the brain stem, and therefore determines death. They emphasize that the *halakhic* call for the

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[127] Bleich 1 372-393
[128] Zemer "Determining Death In Jewish Law" 108
[129] Staitman 3
[130] Dorff 229
[131] Zemer "Determining Death In Jewish Law" 115
[132] Goldman
[133] Staitman 4

cessation of breath to determine death parallels the modern medical test for electrical activity in the brain to determine brain death.[134]

Throughout the centuries, rabbis have utilized criteria other than cessation of heartbeat or respiration to determine the moment of death. Maimonides stated that death occurred when the soul departed from the body. The term Maimonides uses for this, "*shetetzei nafsho*" appears throughout rabbinic literature. According to Mark Staitman, the body without a soul, as it cannot communicate with God or perform mitzvot, is dead. Some rabbis, including Staitman, note that people may misinterpret this ruling, thinking it applies to those in our communities who cannot perform mitzvot or seem unable to communicate with God, including those who are profoundly retarded and infants. Therefore they rule that because people who fall into this category have the potential and chance to grow, to have a level of self consciousnesses, and even to silently express some form of prayer, they do not fall into the category of those without a soul. This is different from a person in a permanent vegetative state who does not have the chance to grow, perform mitzvot, or communicate with God. Some people therefore consider such a person a body without a soul.[135]

According to Mark Staitman, when one is in a persistent vegetative state, he has already experienced theological death. The question remains whether death occurs when the soul loses connection to the body, or when a modern technological test can declare that heartbeat, respiration, or both, have ceased. The days of holding a feather up to the nose of one lying under fallen debris to determine death may be long gone, but the differing voices of the Talmud as to when death occurs still ring out loudly today.

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[134] Zemer "Determining Death In Jewish Law" 108
[135] Staitman 8-9

CHAPTER IV: WHEN DEATH LOOKS BETTER THAN LIFE

Section A: Whose Right and Decision Is It To End Life?

The determination of whose right and decision it is to end life depends on the determination of who owns life, or who owns our bodies. The strong tendency towards a desire to heal or save life within Judaism, as discussed above, also plays into this topic. The right and decision to end life could reside with God, the patient, the family of the patient, the physician, or the state. Within Judaism, as early as the Talmud, we have indications that the decision may belong either to God alone or to the patient alone. Only later in the development of Judaism do we see a strong indication that the decision might belong to either the family or the physician. Though arguments exist in favor of any of the potential decision-makers as the one with the sole right to make the decision, both the Jewish and medical perspectives may favor a shared decision-making model.

A Talmudic story seeks to answer this question.[136] The story says that two men wandered in the desert, and only one had a jug of water. The questions arise, should they share the tiny bit of water, resulting in both men dying? Should the one who initially owned the water drink it? Should the man who possesses the water drink it? (The latter two options will cause one man to survive and the other to die.) Judaism sides with Rabbi Akiva, who rules that the one who possesses the water when they discover the water shortage should drink it. According to Elliot Dorff, we follow Rabbi Akiva because the other two options permit murder or suicide. However Rabbi Akiva's view allows nature to determine life's course rather than man's voluntary actions.[137] This view

[136] Bava Metzia 62a
[137] Dorff 16-17

accords with the belief that we must sanctify and not desecrate God's name through our words and actions, since our murder and suicide desecrate God's name by showing disrespect and disregard for life.[138]

The Talmud focuses on another issue still central to the contemporary debate. What place does personal autonomy play in a patient's decisions about treatment? The Talmud says that when we have a case where the patient and physician disagree as to the patient's needs (such as for food), we listen to the patient. The reason provided is Proverbs 14:10 which says "the heart knows its own bitterness."[139] Views such as this allow some to suggest that family members and physicians should honor requests such as "do not resuscitate" orders from a patient who feels that he led a full life.[140] Kübler-Ross also states that when a patient's wishes contrast with the views of others, the others should openly express their disagreement, but leave the final decision up to the patient.[141]

One model of decision-making is the shared decision-making model. According to Rabbi Peter Knobel, the patient, family, physician, and rabbi make decisions together, allowing the patient to exercise his right to make his own decisions and determine his own course of treatment in partnership with others who could guide him medically and emotionally. Including the family allows everyone to take ownership over the decision. Involving the rabbi should ensure decisions made within a Jewish context. The rabbi's role will vary from patient to patient. According to Knobel, after the above group makes their decision, impartial medical experts as well as a *Bet Din* to represent the Jewish perspective, should review the decision. The *Bet Din* would consist of Jews from the

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[138] Dorff 30-31
[139] Yoma 83a
[140] Kavesh "End-Of-Life Technologies" 50
[141] Kübler-Ross: On Death and Dying 177

same Jewish movement as the patient. Though Knobel notes that this limits the autonomy of the patient, he recognizes that this will avoid a conflict of interest and the rash decision-making sometimes occurring in these situations.[142]

[142] Knobel 46-49. While Knobel does not cite any community that uses this model, it is his ideal decision-making model.

Section B: Methods Available To End Life

I: Suicide

With the modern medical revolution resulting in many people living longer lives not always to their measure of high quality, suicide becomes an option that many consider. Overall, Judaism strongly prohibits suicide. However, the Talmud does state three exceptions. These exceptions relate to the issue of *Kiddushat haShem*, sanctifying God's name. [143] Some suggest reframing the issue of *kiddushat haShem* as an issue of quality of life. This would make suicide an acceptable Jewish option. The prohibition of burying a suicide victim in a Jewish cemetery as well as the suspension of mourning rites for his family creates a difficulty. An exception to this rule relates to the mental health of a suicide victim. The topic of the mental health of a suicide victim receives much attention both in the American medical realm as well as in the Jewish realm. This section elaborates upon the topic of suicide and the variant possible Jewish views.

For millennia, Judaism has known suicide. Our rabbinic texts deal with suicide, by calling God "the God of life who delights in life," exemplifying the Jewish emphasis on life.[144] Therefore, in general, Jewish law, unlike American law, contains a prohibition against suicide.[145]

Some contemplating suicide claim that their decision is rational. They say that others should not consider them as one who is out of control. The present debate about

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[143] The phrase "*Kiddushat haShem*" appears elsewhere in the Talmud as "*kiddush haShem.*" More often within the Talmud, including the *Sanhedrin* reference referenced here, the phrase reads "*kiddushat haShem.*" The phrases both appear to have the same meaning.

[144] Kahn 66

[145] Cahana 48. Cahana does not cite a source for this piece of information. Laws regarding suicide in America are very complicated and go state by state.

suicide focuses on this group of people. However, some, including Yoel Kahn, argue that the Jewish framework does not contain the concept of rational suicide. Kahn suggests that when we discuss the modern day issue surrounding suicide, we cannot view suicide as Judaism has always viewed it.[146] He suggests looking at the extant category of *kiddushat haShem*. The only reason accepted in the Talmud to commit suicide is *kiddushat haShem*.[147]

The Talmud lists three specific situations where a Jew should choose death or suicide rather than violate Jewish law.[148] These include when one is being forced to commit idolatry, incest (which includes adultery), or murder. Because death in this case would be for the sake of God, *kiddushat haShem*, and not for the sake of oneself, Judaism permits suicide.[149] Maimonides permits suicide when done as martyrdom in defense of Judaism.[150] As far back as the Bible we find examples of people such as King Saul engaging in acts of suicide rather than face degradation through death by an enemy.[151] The text does not denounce his actions.[152] A well-known legend surrounds *Masada*, when Jews chose death for the sake of *kiddushat haShem* even outside of the realm of the three permissible reasons given by the Talmud.[153] Israel Bettan notes that although Judaism has permitted and even encouraged those who face certain defeat and disgrace to engage in acts of suicide, Judaism does not teach us that these acts of suicide merit praise

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[146] Kahn 67
[147] Sanhedrin 74a-b
[148] Sanhedrin 74a-b
[149] Dorff 181
[150] RAMBAM Hilkhot Yesodei haTorah 5, Shulchan Aruch Yorah Deah 157:1 as cited in Dorff 181
[151] 1 Samuel 31:4
[152] Cahana 48
[153] Kahn 68

or emulation.[154] Rabbi Peter Knobel says that Judaism permits one in a terminal state with constant pain to engage in an act of suicide if it is consistent with the biography of the person. He cautions though that it is important to prevent suicide resulting from temporary depression, as this is inconsistent with our knowledge and understanding of the person.[155] Yoel Kahn suggests that the concept of *kiddushat haShem* may be the Jewish equivalent to the secular concept of "quality of life."[156]

Overwhelmingly though, Jewish texts and tradition discourage suicide. If life belongs to God, not to us, then, logically, we do not have the right to discard something we do not own.[157] In the Talmud, Hanina ben Teradion says "Let the One who gave me my soul take it away, one should not destroy oneself."[158] Rabbi Yechiel M. Tuchatzinsky,[159] author of Gesher ha'Chayim, a twentieth century book about the laws of death and mourning, compares suicide to murder. He says that one who murders himself commits a greater sin than one who murders another because he leaves no possibility for repentance. According to the Talmud death allows for repentance.[160] But, according to Tuchantzinsky, through engaging in suicide one commits an act of murder for which his death will not atone.[161] The 2004 CCAR Convention passed a resolution rejecting "suicide as an appropriate response to pain and suffering, calling instead for increased

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[154] Bettan, Israel, "Reform Responsum On Euthanasia, 1950" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 123-126
[155] Knobel 49
[156] Kahn 67
[157] Genesis 9:5, Semakhot 2:2, Bava Kama 91b, RAMBAM Hilkhot Rotzeach 2:3, RAMBAM Hilkhot Chovel uMazik 5:1, Shulchan Aruch Yorah Deah 345:1-3 as cited in Dorff 18
[158] Avodah Zarah 18a
[159] alternative spelling: Tuchinsky
[160] Yoma 85b-86a
[161] Dorff 180

education on, application of, and research into, the use of pain management techniques." The resolution goes on to encourage services such as hospice.[162]

Both the secular and Jewish perspectives examine the relationship of mental health to suicide. American culture considers most suicides and suicide attempts the result of compromised mental health.[163] Jewish law agrees.

The Shulchan Aruch states that "one who takes his own life under physical or emotional duress is not legally considered a suicide, and we do not deny proper burial and mourning rites."[164] Yoel Kahn argues that people consider suicide only when they can no longer believe that life is worth living; that their life has no hope for improvement.[165] The question therefore arises as to how we can tell that one who took his own life took it "under physical or emotional duress." We must examine the mental status of someone forced, by mental anguish, to reach that conclusion. This allows them to reexamine the issue of burial for modern suicide victims. Modern Jewish authorities have stated that those who engaged in acts of suicide, whom we know suffered, or whom we might be able to presume suffered, from temporary insanity have not engaged in suicide with full mental competence and freedom of will.

Jewish law states that Jews must bury suicide victims outside of the Jewish cemetery,[166] or on the cemetery's edge.[167] It also states that Jews should suspend formal mourning rites in the case of one of "sound and mature mind" who deliberately and

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[162] Cahana 54
[163] Kahn 66
[164] Shulchan Aruch Yorah Deah 345:1 as cited in Kahn 66
[165] Kahn 68
[166] RAMBAM Hilkhot Avelut 1:11, Shulchan Aruch Yorah Deah 345:1 as cited in Dorff 181
[167] RASHBA responsum 763 as cited in Dorff 181

willingly lays a violent hand on himself.[168] The same *mishnah* permits the performance only of rites whose omission would give "undue offence" to the bereaved family. Even with the last leniency, to learn that the family must bury a victim of suicide away from the family plot and suspend mourning rites can be heart-wrenching for the survivors one leaves behind. Modern Jewish authorities declare that Jewish restrictions apply only to suicides where one took his life with mental competence and freedom of will. Therefore, many modern Jewish authorities permit a normal Jewish burial for those who fall into this category.[169]

Clearly Judaism recognizes suicide as an act affecting not only the victim, but also those he left behind. Therefore, while so many prohibitions against suicide exist in our Jewish tradition, many rabbis, especially those in our modern world, attempt to find leniencies. Solomon Freehof reminds us in a responsa that Jewish law distinguishes between the concepts of *lehatchilah* (before the fact) and *bedeavad* (after the fact). He says that while *lehatchilah* we do not permit suicide, *bedeavad*, if one took his own life under great stress, Jewish law forgives him.[170] Knowing this may help those who have lost a loved one. Although they cannot bring him back, through a Jewish lens they can remove the gray cloud commonly surrounding a suicide.

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[168] m. Semakhot 2:1-5 as cited in Bettan "Reform Responsum On Euthanasia, 1950" 123-126

[169] Dorff 181

[170] Wolpe, Paul Root, "Ending Life" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 140

II: Euthanasia

Euthanasia is among the most highly debated topics in Jewish medical bioethics. For at least the past half-century, medical ethicists in America and around the world have debated this topic.[171] Our Jewish texts do not mention euthanasia by name, but certainly speak of removing an impediment to death. Much of the discussion within modern Jewish thought on the topic relates to the issue of "quality of life." According to some, the right to euthanasia is a right to autonomy. Orthodox Judaism places the obligations of life and health above the right to autonomy, while Reform Judaism greatly values autonomy. Two different types of euthanasia exist: active euthanasia and passive euthanasia. There exists a blurry line between the two, but Judaism, both ancient and modern, addresses both situations. Judaism leans more strongly toward permitting passive and prohibiting active euthanasia, but variant opinions and several loopholes exist within our tradition.

Euthanasia, literally meaning "good death," is commonly called mercy killing.[172] It occurs when someone's actions directly cause another's death with the purpose of relieving another's suffering.[173] Frequently physicians, sometimes family or friends, administer medication ending a patient's life.[174] As Elliot Dorff points out, prior to the discovery of penicillin in 1938, physicians could do little to impede the process of dying.[175] Compared to the past, our control over life and death has grown vastly.

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[171] Cahana 44-46
[172] Kravitz 22
[173] "Decision-Making Isn't Just A Family Matter" April 3, 2008. <www.lastacts.com>
[174] Cahana 44-46
[175] Dorff 198

Research has found that, while when first faced with an impending death, we are tempted to encourage more aggressive treatment, as time passes we arrive at a desire to let go.[176]

The main distinction between American and Jewish medical ethics surrounding euthanasia deals with the individual's right to liberty and autonomy. According to Dorff, in the American context, a person's right to liberty comes before the state's right and obligation to see to the welfare of its citizens. However, Orthodox Judaism places the obligation to maintain life and health above the right of the individual to control his own health care.[177] In contrast, liberal Judaism, such as Reform Judaism, places a very high value on autonomy. Understanding this distinction helps us understand why we must distinguish between the American and varying Jewish views on euthanasia.

Within the medical community, physicians must consider the Hippocratic Oath, containing the phrase "never will I give a deadly drug, not even if I am asked for one, nor will I give any advice tending in that direction." Though those opposing euthanasia may have included the statement in the Oath, physicians must carefully consider the oath in their decision-making.[178] Peter Knobel thinks that euthanasia must parallel the way one understands the "sacred quality of personhood." The question, says Knobel, is whether continuing biological life violates the sacredness of the individual's life.[179]

Before exploring the intricacies of the Jewish views on euthanasia, one must consider the two different forms of euthanasia: active and passive. The Ninth and Second

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[176] Cutter, William, "Rabbi Judah's Handmaid" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 80
[177] Dorff 209
[178] Cahana 42
[179] Knobel 47-48

Appellate Courts confirmed that due to medical advances, it is harder to draw the line between active and passive euthanasia.[180] According to one definition, active euthanasia "occurs when the physician or another person does something, such as giving the patient a drug, that directly causes death sooner than it otherwise would occur." Passive euthanasia, in contrast, occurs when medical interventions preventing a patient from dying, for example ventilators or feeding tubes, are removed from a dying patient.[181]

Traditional Jewish texts do not specifically mention the modern term euthanasia by name, but certainly contain the concept. Two Talmudic stories are regularly cited.[182] As punishment, Hanina ben Teradion is wrapped in a Torah scroll and wood and set on fire with wet tufts of wool placed over his heart to ensure a slow and painful death. After a failed suggestion by his disciples to allow him to end his life earlier by taking action, the executioner asks for permission to make the flame higher while removing the tufts of wool impeding his death. Hanina ben Teradion agrees. From this, we learn that one may remove the impediments to the dying process. Our law codes further solidify this point.[183] This story is used as a prooftext not for active, but for passive euthanasia, through removing the impediment to death.

Another story in the Talmud tells of the time when Rabbi Yehudah ha'Nassi lay dying. The immortals desired Rabbi to join them, and the mortals, his students, desired Rabbi to remain with them. At first his handmaid prayed that the will of the mortals should overpower the immortals. But, seeing his agony, his handmaid changed her mind and prayed that the will of the immortals overpower the mortals. When that did not

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[180] Dorff 197
[181] Wolpe "Ending Life" 143
[182] Avodah Zarah 18a
[183] Shulchan Aruch Yorah Deah 339:1

work, she took it upon herself to throw a jar off the roof, shattering it, causing the mortals on the ground to cease their prayers. According to the story, at this moment Rabbi's soul left him. [184]

Later, the thirteenth century text *Sefer Hassidim* prohibits any action that could lengthen the agony of a patient by stalling his death.[185] In his gloss to the Shulchan Aruch, the RAMA permits us to remove the impediment to death. In *Yalkut Shemoni*, we find a story of a woman whose life no longer gave her any pleasure. She is given permission to cease her daily tasks of prayer, and is told that after three days of changing her daily habits, she will die, and she does. [186] According to some, this story shows that one can take action to quicken one's death, engaging in euthanasia. [187]

Due to the textual bases contained in our tradition, many of our rabbis show support for some types of euthanasia in some circumstances. RASHI, when discussing the dying process says that "*mitah yafah*," a term found in the Talmud, means that one should die quickly. [188] Leonard Kravitz considers this term the Hebrew parallel term for euthanasia."[189] Rabbi Kravitz points out that when one commits a crime we give him this *mitah yafah* and say about him, as does RASHI, that he should die quickly. According to Rabbi Kravitz, it does not logically follow that we do everything on behalf of a dying patient. Rather, Rabbi Kravitz suggests, all the more so when we look at principles such

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[184] Ketubot 104a
[185] Sefer Hassidim 723 and 234 as cited in Dorff 199
[186] Yalkut Shimoni as cited in Kravitz 16
[187] Jacob "End Stage Euthanasia – Some Other Considerations" 90
[188] Sanhedrin 45a
[189] Kravitz 11

as "love your neighbor as yourself,"[190] we should allow those who are suffering to experience a *mitah yafah* as well.[191]

According to Peter Knobel with regards to a terminal patient suffering uncontrollably, we should permit active euthanasia when clearly voluntary and in accordance with the patient's biography. [192] Walter Jacob views things similarly. He says that when we have a patient with mechanically sustained circulation and respiration, we should allow the suffering of the patient and his family to cease, since there are no "natural independent life functions." Jacob does not call for positive, active steps which would lead towards death, but does allow for pain-killers to ease the patient's remaining time. He also says that in cases like this, we should not continue "further medical support systems" and we need not take "heroic" measures to prolong life.[193] In addition, Rabbi Baruch Rabinowitz, Chief Rabbi of Holon, supports the removal of an impediment to death, again supporting passive euthanasia.[194] Elliot Dorff shows us that, based in text, Judaism does permit at least passive euthanasia in some cases.[195] He also states that a patient can decline potentially effective treatments if the risks or side effects are unbearable for the patient.[196]

Our modern rabbis take yet another approach to euthanasia. They both address and permit the use of pain-management drugs. However at least two of our modern

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[190] Leviticus 19:18
[191] Kravitz 19-20
[192] Knobel 49
[193] Jacob, Walter, "Reform Responsum On Euthanasia, 1950" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 127-130
[194] Zemer "Reform Responsum on Passive Euthanasia" 191-196
[195] Dorff 198
[196] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones "336

liberal rabbis have a further suggestion. Elliot Dorff acknowledges that the drugs must serve to relieve pain and nothing more, but will allow for doses large enough that they carry with them the risk factor of hastening death.[197] Walter Jacob agrees with Dorff that he will not allow for the drug to be seen as causing the patient's death, as the process will be long-term, but he will allow the patient to receive pain-management drugs, even when they might hasten his death.[198] Jacob points us again to the case of criminals drugged so as to relieve their suffering.[199]

Moshe Zemer divides passive euthanasia into two categories.[200] The first he calls "*shev veal taaseh*," literally "sit and don't do [anything]." In this form we remain passive, taking no action. Zemer notes that generally this form occurs before connecting the patient to any life support machines. The other form of passive euthanasia Zemer identifies as "*lehasir et hamonea*," literally "removing the impediment [to death]."[201]

Just as we find support from our texts to allow for euthanasia from a Jewish perspective, we also have support leading us in the other direction. In 2 Samuel 1 an Amalekite agrees to kill King Saul, but King David punishes him for participating in what we today may define an act of active euthanasia.[202] Additionally, the *mishnah* states "one may not close the eyes of a dying patient."[203] We also return to the story of Hanina

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[197] Dorff 185
[198] Jacob, Walter, "Reform Responsum On Quality of Life and Euthanasia, 1985" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 131-133
[199] Sanhedrin 43a
[200] While the two categories utilized by Zemer appear in other Jewish sources, it seems that he applies them to his two descriptions of passive euthanasia.
[201] Zemer "Reform Responsum on Passive Euthanasia" 191-196
[202] II Samuel 1:1-10 as cited in Knobel 41
[203] Shabbat 23:5 as cited in Freehof "Reform Responsum On Allowing A Terminal Patient To Die, 1983" 197-201

ben Teradion.[204] As he suffered his slow and painful death, his disciples, distraught, advised him to open his mouth so that the fire could come inside him and kill him more quickly. He refused, stating that he entrusts the end of his life to the One who gave it. This teaches us that one may not actively bring about his own death.[205] Those opposing at least active euthanasia cite these texts, as we know that the story goes on to give some support for passive euthanasia.

Across the spectrum, from orthodox to liberal rabbis, we have examples of rabbis who reject active euthanasia.[206] The Orthodox rabbi David Bleich says "any positive act which hastens death, even by a matter of moments, is tantamount to murder."[207] The liberal rabbi Solomon Freehof says "a physician may not actively hasten a patient's death."[208] The Orthodox rabbi Immanuel Jakobovitz agrees, saying "even when a patient is already known to be on his deathbed and close to the end, any form of active euthanasia is strictly prohibited."[209] In 1994, the Central Conference of American Rabbis wrote in a responsum "we do almost anything to relieve the suffering of the terminally ill, but we do not kill them and we do not help them kill themselves."[210] The willingness to relieve suffering rings true throughout the views of our rabbis, however, many prohibit euthanasia. Walter Jacob brings us an extra word of caution. He likens those patients unable to communicate, with apparent damage to the portion of the brain controlling intelligence, to others who we consider to be "defective" such as the blind, deaf, mute,

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[204] Avodah Zarah 18a
[205] Dorff 181
[206] Staitman 4
[207] Cutter 67
[208] Freehof "Reform Responsum On Allowing A Terminal Patient To Die, 1983" 197-201
[209] Cahana 48
[210] Cahana 51-52

etc. In likening the first to the second, he reminds us that we consider all of them equally created in the image of God. Jacob requires us to guard their lives and protect them as any other human life. Jacob warns us against using "low quality of life" as a reason to hasten death.[211]

Bettan points to different classic texts in his rulings against active euthanasia. He reads the Talmud, Shabbat 151b, as a mandate against abridging in a positive and direct way the duration of life by even a moment.[212] Bettan says this is tantamount to the shedding of blood.[213] He also points to the Jewish law codes which state that in the case of a dying person, Judaism prohibits us from "employing any positive and direct means to hasten his death, no matter from what protracted an ailment he may suffer."[214] Walter Jacob notes that *Sefer Hassidim* states "an individual should not be moved to a different place even if that might make dying easier."[215]

Differing opinions exist about using medicine to delay the dying process. The late seventeenth century Prussian Rabbi Yaakov b. Shmuel of Seusmer, did not permit the use of medication in order to prolong the dying process. But his contemporary, the European Rabbi Yaakov ben Yose Reisher does permit us to use medicine to delay the dying process, even if it would delay the process for only a few minutes.[216] Dr. Paul Root Wolpe, Director of the Program in Psychiatry and Ethics at the University of Pennsylvania, states that Jewish tradition teaches us to expect that physicians should go

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[211] Jacob "Reform Responsum On Quality of Life and Euthanasia, 1985" 131-133
[212] Shabbat 151b as cited in Bettan "Reform Responsum On Euthanasia, 1950" 123-126
[213] Bettan "Reform Responsum On Euthanasia, 1950" 123-126
[214] Shulchan Aruch Yorah Deah 339 as cited in Bettan "Reform Responsum On Euthanasia, 1950" 123-126
[215] Sefer Hassidim 723 as cited in Jacob "Reform Responsum On Euthanasia, 1950" 127-130
[216] Zemer "Reform Responsum on Passive Euthanasia" 191-196

to all measures within their power to prolong life when appropriate, but that physicians can avoid measures prolonging dying.[217] Rabbi Moshe Feinstein states that our tradition does not require one to endure pain.[218] These two statements could lead us to believe that Judaism does not require physicians to go to extreme measures to save a patient whose prolonged life will consist of pain and suffering.

Our tradition contains prayers for life to end and for a delayed death. Jacob points to the maidservant who prays for the death of Rabbi while he is suffering as a source for why a patient who seeks death may pray to God with the request.[219] Jacob reminds us though that the decision lies with God. He encourages those with the patient to try and discourage him from this type of prayer and refocus his attitude on life. However, he permits prayer for death with the understanding that the answer lies in God's hands.[220] Elliot Dorff agrees, stating that because God has the right to destroy what is God's, patients may pray to God to end life.[221] Solomon Freehof cites Sefer Hassidim to say that we do not cry out (pray) on behalf of a *goses* that his soul should return as his remaining life will consist of suffering.[222]

As noted above, our texts and our rabbis give sources and reasons both for and against euthanasia in its varying forms. As modern medicine continues to evolve, the topic of euthanasia will remain a debated topic. We should feel encouraged to keep our

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[217] Wolpe, Paul Root, "Families and Treatment Decisions" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 75
[218] Teshut Iggrot Moshe Yorah Deah 2:174
[219] Ketubot 104a
[220] Jacob "Reform Responsum On Quality of Life and Euthanasia, 1985" 131-133
[221] Dorff 197
[222] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 336

Jewish obligations in mind while making these life-altering, and sometimes life-ending, decisions.

Subsection a: Removing the Impediment to Death

At times, upon rescue by an ambulance, people who had instructions such as "do not resuscitate" find themselves connected to machines by default out of ambulance procedure, and someone needs to make new decisions. Other times, after one decides to connect a person to life support, it happens that quality of life deteriorates and a desire to reverse the decision to connect the patient to life support comes about. Much of this discussion centers around one living in a permanent vegetative state, though the discussion is much broader than this alone. As far back as our Medieval law codes we have clear indication that in some cases Judaism permits the removal of impediments to death. While secular medical ethics tends to look at the removal of all impediments to death as one category, Orthodox Jewish medical ethics draws a distinction between different types of impediments. This section will explore the Jewish views on removing an impediment to death.

Rabbinic texts contain information about removing the impediment to death. The RAMA in his gloss to the Shulchan Aruch Yorah Deah 339:1 says that if a chopping sound outside or salt on one's tongue is delaying one's death, Judaism permits us to stop the sound or remove the salt. This effectively removes the impediment to death. According to this view, when a patient's life undoubtedly will end and the patient is suffering greatly, we may remove the impediment.[223]

While Judaism supports removing the impediment to death in some cases, it also contains a text prohibiting interfering with the dying person at all. The Talmud teaches

[223] Wolpe "Ending Life" 145

that "one who closes the eyes of a dying person at the point of death is a murderer."[224] The Talmud compares it to an oil lamp nearing its end: if we place a finger on it, we will immediately extinguish the lamp. Therefore, Judaism does not permit us to touch a dying person for fear of interfering with the natural dying process. Judaism sees letting the dying person alone as an act of compassion.[225]

Many patients for whom the question of removing the impediment arises live in a permanent vegetative state. It is important however to note that the debate often surrounds those who do not live in permanent vegetative states as well. Prior to the advent of artificial nutrition and hydration and the ventilator, removable impediments, there were no patients living in a permanent vegetative state.[226] Due to this, our later texts and contemporary rulings need to draw on what we can learn from similar but not identical situations in our older texts.

[224] Shabbat 151b
[225] Wolpe "Ending Life" 145
[226] Staitman 6

Subsection b: Withholding or Withdrawing Artificial Nutrition and Hydration:

The modern medical age has introduced two new impediments to death: artificial nutrition and hydration. The debate is highly emotional due in large part to the obligation, felt both Jewishly and otherwise, to provide a person with food and water. Conversely, some view artificial nutrition and hydration as medicine, putting them into a very different category. While some of the more Orthodox authorities, such as the Tzitz Eliezer, forbid us from withholding or withdrawing artificial nutrition or hydration, some of the more Liberal authorities, such as Walter Jacob, permit us to do so. The difference depends largely on whether the different Jewish authorities view artificial nutrition and hydration as food and water or as medicine.

The feeding tube is one of the more recent instruments in the medical world's attempt to prolong life.[227] Artificial nutrition and hydration have made it possible for patients who would not have survived previously to go on living, allowing them to remain nourished and hydrated. The availability of this technology makes the question about whether to withhold or withdraw artificial nutrition and hydration from a patient very difficult. When making this type of decision, one must ask oneself, why refrain from withholding or withdrawing treatment? Are we honoring the patient or forcing them to endure more pain?[228]

The Robert Wood Johnson Foundation provides an interesting perspective on this topic. The stated goal of the foundation is "to improve the health and health care of all Americans."[229] The Foundation suggests because food and water are among our most

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[227] Kavesh "End-Of-Life Technologies" 58
[228] Segal 93
[229] Robert Wood Johnson Foundation. 2008. 7 June 2008. <http://www.rwjf.org/about/>

basic human needs, and there is a great deal of symbolism attached to them, people have a very difficult time deciding whether to provide, and especially whether to withhold or withdraw, artificial nutrition and hydration. However, the Foundation feels that people must understand that artificial nutrition and hydration do not offer the sensory rewards of regular food and drink. They also fail to provide the social atmosphere that some associate with food and drink. The Foundation feels that those who rule against removing artificial nutrition and hydration often believe that they are depriving a human being of food and drink. This is a different way of approaching the topic. Many people have a difficult time comprehending the difference between artificial nutrition and hydration and the food and drink we buy in a supermarket or restaurant. In addition, unlike when a person eats or drinks, when a patient is nourished through artificial nutrition and hydration, the doctors, not the patients, control how much the patient "consumes."[230]

One of the arguments we find when dealing with a Jewish response to artificial nutrition and hydration revolves around its proximity to medicine. Elliot Dorff notes that Jewish tradition sees eating "as an act that involves placing food in the mouth and swallowing," bearing no similarity to artificial nutrition or hydration. Therefore, Dorff sees reason to define the feeding tube not as food and drink, but as medicine.[231] Dorff says that one may remove or withhold medicine, a foreign substance, if it does not have a great chance of being successful. The distinction between medicine and food or drink is that everyone needs to eat food and drink water; they are among the basic human needs. According to this line of reasoning, if one views artificial nutrition and hydration as food

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[230] "When Patients Cannot Eat Or Drink" April 3, 2008. <www.lastacts.com>
[231] Kavesh "End-Of-Life Technologies" 58

and drink, Judaism would obligate one to provide it. If however one views artificial nutrition and hydration as medicine, one could justify removing it as any other medication. Dorff suggests taking the latter view to justify withdrawal of artificial nutrition and hydration.[232]

From Dorff's point of view, Judaism obligates us to provide food and water to everyone. Dorff suggests that even when we withhold or withdraw artificial nutrition or hydration, we must continue to bring food and water to the patient's bedside, offering it to the patient, in order to fulfill our obligation of providing food and water. This holds true even when we know that the patient cannot or will not take the food or water. Jewish law declares that we should not prolong the process of dying. Therefore Dorff says, Judaism does not require, and may even prohibit us, from providing a patient with artificial nutrition and hydration. He also notes the increased chance of infection for the patient when utilizing a feeding tube as another reason why Judaism may permit withholding or withdrawing artificial nutrition and hydration. Dorff says that if the artificial nutrition and hydration are not within the patient's best interests, Judaism may not obligate us to provide them.[233]

Just as the arguments supporting removing artificial nutrition and hydration are plentiful, so are those deterring us from doing so. Elliot Dorff suggests that there is good reason not to withhold or withdraw artificial nutrition and hydration from a patient in a permanent vegetative state, or at least to wait for a period of time before doing so. He notes that if a patient is misdiagnosed as being in a permanent vegetative state, extra time will allow physicians to determine this. Dorff also notes that waiting for a period of time

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[232] Dorff 209-212
[233] Dorff 210-212

before removing the artificial nutrition and hydration gives the family members time to accustom themselves to the impending death of the patient.[234]

Others take a different approach, advocating against withholding or withdrawing artificial nutrition and hydration. Those who believe that artificial nutrition and hydration are the same as food and water hesitate to deprive a human being of these basic necessities. The Tzitz Eliezer says that Judaism forbids one from withholding or withdrawing nutrition and hydration from a *goses*, so the argument against doing so from one who is not yet a *goses* is even stronger. Mark Staitman warns that to deprive a patient of nutrition or hydration is akin to taking positive steps to kill a patient.[235] The perception of artificial nutrition and hydration as food and drink or not determines a Jewish decisor's willingness to allow withholding or withdrawing them.

[234] Dorff 216
[235] Jacob and Zemer: Staitman 4-5

Subsection c: Withholding or Withdrawing Artificial Respiration

The decision to withhold or withdraw artificial respiration carries with it many of the same issues as removing artificial nutrition and hydration. The largest issue, from a Jewish perspective, has to do with breath as the source of life. Many Jewish sources, but not all, view breath as the source beginning life and as the thing whose cessation determines life's end. For this reason alone, varying Jewish views exist on the withholding or withdrawing of artificial respiration. Again the emotional status of the patient and family also plays a role. Timing also plays an important role in the withholding or withdrawing artificial respiration.

Many people confuse cardio-pulmonary resuscitation (CPR) with the use of a ventilator. CPR is "restoration of cardiac output and pulmonary ventilation following cardiac arrest and apnea, using artificial respiration and manual closed-chest compression or open-chest cardiac massage" and is successful only five to ten percent of the time.[236] A ventilator is a "machine which aids the movement of air into and out of the lungs"[237] and often succeeds in keeping a patient alive for a period of time.[238] The danger in confusing the two is that while we know that CPR often fails, ventilators most often succeed in their task.[239]

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[236] Definition of CPR according to "CPR." WebMD. 1 June 2008. <http://www.webmd.com/search/search_results/default.aspx?query=CPR&sourceType=undefined#>, statistic according to Brooks, Jacqueline. "Real CPR Isn't Everything It Seems to Be." WebMD. 14 May 2001. 1 June 2008. <http://www.webmd.com/news/20010514/real-cpr-isnt-everything-seems-to-be>

[237] Gehlbach, Brian K. and Jesse B. Hall. "Mechanical Ventilation." January 2008. Merck. 1 June 1008. <http://www.merck.com/mmhe/sec04/ch055/ch055d.html>

[238] While I was unable to find particular success rates for ventilator use, the numbers of patients living on mechanical ventilators today indicates their high success rates

[239] Kavesh "End-Of-Life Technologies" 51

Many advance directives include clauses pertaining to the wishes of the potential patient regarding withholding or withdrawing artificial respiration, artificial nutrition and hydration, and the removal of ventilators. The Conservative Movement's Committee on Law and Standards put out an advance directive which they suggest the members of the movement utilize. This advance directive specifically restricts instructions of "do not intubate" to the last six months of life.[240]

An advance directive of the Orthodox Rabbinical Council of America allows a person to decline mechanical ventilation if the person is in an irreversible coma, or is unable to recognize or communicate with people.[241] Additionally, Rabbi Moshe Tendler created a way whereby a respirator may be withdrawn from one in a permanent vegetative state without breaking *halakhah*.[242] Again the question arises, although we read in our holy texts that life enters and exits through the nostrils, is it possible to redefine a suitable "life" given our modern medical revolution?

Unlike secular medical ethics, Orthodox Jewish medical ethics do draw a distinction between artificial respiration, nutrition, and hydration. It prohibits withholding and withdrawing artificial nutrition and hydration, but permits withholding or withdrawing artificial respiration, for patients in a permanent vegetative state.[243] The different understanding comes from the belief of breath as vital to life. God "breathed the breath of life" into Adam, giving him life.[244] Therefore, one who cannot live without a

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[240] Kavesh "End-Of-Life Technologies" 53
[241] Kavesh "End-Of-Life Technologies" 53
[242] Staitman 5 Utilizing modern mechanics such as a time-clock, Tendler allows the doctor to connect the ventilator in such a way that it can be disconnected due to normal ventilator procedure, and not at the hands, or under the onus, of any individual.
[243] Staitman 5
[244] Genesis 2:7

respirator cannot live, since the respirator does not sustain life but rather delays death.

Section C: Physician Assisted Suicide

Though the topic of physician assisted suicide shares a gray boundary with euthanasia, specifically active euthanasia, it receives separate treatment within Jewish literature. While the overwhelming majority of Jewish bio-ethicists oppose physician assisted suicide, others argue in favor of it. Many of the arguments in favor of physician assisted suicide deal with issues of autonomy and compassion for the terminally ill. With the recent focus on quality of life, modern rabbis look at this issue from a new perspective and explore the reasons that one might seek assisted suicide. Perhaps most interesting is that, though our Jewish texts overwhelmingly oppose physician assisted suicide, Jews as a group tend to support the right of the individual to choose physician assisted suicide.[245]

For at least the past half-century, American and international courts and legislatures have debated highly the topic of physician assisted suicide.[246] Physician assisted suicide is defined as when "a physician knowingly and intentionally provides the means (usually a prescription for a lethal dose of drugs) that a competent, terminally ill patient may take to end his life."[247] Many people see the goal of physician assisted suicide as expressing the patient's desire. Often the patient himself administers the medication, supplied by a physician, which will end his life.[248]

The contemporary Jewish debate has paralleled this. Dorff brings us several questions one should address when faced with a question of physician assisted suicide. One should ask whether the request comes from a lack of social support, whether it

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[245] Wolpe "Ending Life" 142
[246] Cahana 44-46
[247] "Decision-Making Isn't Just A Family Matter"
[248] Cahana 44-46

reflects a state of psychological medically treatable depression, whether the desire to die comes from a fear of the depleting finances of one's family spent on his medical care, and finally, whether the assistant to the suicide will benefit, either financially or from freedom of the burden of the patient's care, by the ending of the patient's life.[249] Only after one has addressed all of these questions in a satisfactory way might one consider proceeding with the process.

Cahana reminds us of the arguments opposing physician assisted suicide. These include sanctity of life, unjustifiable killing as opposed to letting one die, the potential for abuse, the professional integrity of the physician, and the natural errors of misdiagnoses which can occur. He also reminds us of the arguments in favor of physician assisted suicide. These include respect for autonomy, justice, compassion, and individual liberty as valued above state interests. He also encourages open discussion for physician assisted suicide, which we know occurs, but because of its illegal nature, occurs in secret.[250] On this final point, Rosen states that almost every medical professional who works with the terminally ill has been approached by a patient seeking the physician's help to end his suffering. A 1996 study found that almost twenty-five percent of doctors asked to participate in acts of physician assisted suicide prescribed lethal doses of medication to do so.[251] Having these statistics helps us understand the importance of openly discussing the topic of physician assisted suicide.

Our texts provide strong support on the side of those who oppose physician assisted suicide. Dorff bases his view on the biblical statement "not to put a stumbling

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[249] Dorff 196
[250] Cahana 46-47
[251] Rosen 213

block before the blind."[252] He notes that the Talmud explains this verse to mean not to put a stumbling block before the morally blind, and that the *Sifra* explains it to mean not to give bad advice.[253] Therefore, Dorff concludes that it is a Jewish obligation not to give "bad advice."[254] He also reminds us that Judaism forbids us to "strengthen those who commit a sin" or "aide those who commit a sin." In this way he speaks out against the physician's role in physician assisted suicide.[255] Dorff also reminds us of the Jewish prohibition of deliberately injuring another, even if the victim begs for injury, holding fully accountable those who injure even one who asks for injury.[256] Even if the patient has justification for requesting the suicide, the physician, according to Dorff, does not share the justification. Therefore, Dorff cautions that both the patient and the assistant who participate in physician assisted suicide violate some of the fundamental Jewish laws and values. Dorff also reminds us that Judaism can view terminal patients as disabled. Therefore we should treat them as we would a disabled person, recognizing the Divine aspects in their lives. Even when the quality of a terminal patient's life is poor, we should still focus on the Divine aspects residing within him.[257]

The rising cost of health care today complicates this issue. If Judaism considers physician assisted suicide a viable option, people may pressure a patient to end his life rather than deplete the family financially.[258] Bettan states that sanctioned physician assisted suicide, would allow humans full liberty to choose how to end their lives. He

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[252] Leviticus 19:14
[253] Pesakhim 22b, Sifra to Leviticus 19:14 as cited in Dorff 183
[254] Dorff 183
[255] Nedarim 22a, Gittin 61a, Avodah Zarah 55b as cited in Dorff 183
[256] Bava Kama 8:7, RAMBAM Hilkhot Chovel uMazik 5:11, Shulchan Aruch Choshen Mishpat 421:12 as cited in Dorff 184
[257] Dorff 182, 187-188
[258] Dorff 189-190

fears that this would badly hurt the Jewish ideal of the sanctity of human life and the Jewish value placed on the individual soul.[259] Cahana reminds us of the 1994 CCAR Responsum which states "we do not kill the terminally ill, and we do not help them kill themselves,"[260] as proof that even the liberal movements of Judaism contain statements against physician assisted suicide.

As with euthanasia, we can find Jewish texts and rabbis who speak in favor of physician assisted suicide, though the number who support it is smaller. Walter Jacob reminds us of the story of Hanina ben Teradion where we see that we have a Jewish basis in text for one who assists another to bring about his death.[261] Peter Knobel permits assisted suicide when a patient in unremitting pain makes a rational decision consistent with his life biography.[262] Even with all of the textual and rabbinic opposition to physician assisted suicide, surveys have found that Jews, more than most other groups, support the right of the individual to choose physician assisted suicide.[263]

The George H. Gallup International Institute included questions about physician assisted suicide on its survey. It found that almost sixty-six percent of the adult population supports making physician assisted suicide legal. They also found that fifty percent of the adult population said that they could imagine a situation where they might request physician assisted suicide. Finally, it found that more people reported supporting physician assisted suicide as a general rule than as a practice for themselves. The same survey found that those who oppose physician assisted suicide likely say both that they

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[259] Bettan "Reform Responsum On Euthanasia, 1950" 123-126
[260] Cahana 51-52
[261] Avodah Zarah 18a, Jacob "End Stage Euthanasia – Some Other Considerations" 90
[262] Knobel 49
[263] Wolpe "Ending Life" 142

feel that their life belongs to God, and that religious faith is the most important influence in their lives.[264]

[264] Spiritual Beliefs 11, 54-55

CHAPTER V: WHEN THERE IS STILL A LITTLE LIFE LEFT

Section A: Hospice

We find evidence that hospice care has existed in Jewish communities since at least the Middle Ages. Perhaps Judaism's long-standing relationship with the concept of caring for the sick at home makes hospice care, based on the same idea, an uncontroversial topic in Judaism. Most rabbis rule in favor of hospice care, which includes care and involvement not only of the patient himself, but also of family and friends. Only among the very stringent Orthodox decisors, such as Rabbi David Bleich, do we find any opposition to hospice care. The Jewish community's unfamiliarity with hospice care poses the greatest struggle that Judaism and Jews face with it.

Hospice care is specifically designed for those with a terminal illness. To qualify for hospice care, a patient must no longer respond to curative treatment options, and have a prognosis of six months or less to live.[265] Hospice care is defined as "care of the whole person," including body, emotions, spiritual life, family, and caregivers.[266] Hospice care allows a patient at the end of his life to receive physical, psychological, and social support by a team of caregivers who include family and friends.[267] Rabbi Amy Eilberg, a leader in the Jewish healing movement, notes that for patients in hospice care, the focus shifts from the search for every last treatment to giving the dying person a chance to live the time remaining in the richest way possible, with reduced suffering.[268] Interestingly,

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[265] "Choosing Hospice." 2008. Hospice Foundation of America. 17 August 2008. <http://www.hospicefoundation.org/hospiceInfo/dearabby/default.asp>

[266] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 335

[267] Dorff 177

[268] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 335

though a modern term, according to Elliot Dorff the concept of hospice care is ancient. He points out that hospitals did not always exist, and that in the past people died at home, making hospice care the oldest form of health care.[269] This applies not only to the secular community, but in particular to the Jewish community. In the Middle Ages, the sick care society, called *Hekdesh*, provided care for the sick. *Hekdesh*, though essentially a hospice, also served as a shelter for strangers who did not have family in the town, and eventually mainly served the needs of poorer sick people.[270] Even as its function became more specific over time, *Hekdesh* may be the oldest form of organized hospice care.

In a survey, seventy percent of respondents said that they would want to die at home. Though fifty percent of respondents age sixty-five and over wished to die at home, in younger respondents the desire intensified. Some point to this strong desire to die at home as the reason for strong support of the hospice movement.[271] A New York Times article said "at the heart of hospice care, whether provided in the patient's home or a separate facility, is the belief that dying is not simply the end of existence, but a time of important psychological, emotional, and spiritual work."[272] For this reason hospice workers focus on the ways that a patient may continue to take control over his life. Therefore, hospice workers know that making one's own funeral plans may provide a powerful way for a patient, who has lost control in so many other areas, to take control over something meaningful.[273]

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[269] Dorff 220
[270] Kottek 163
[271] Spiritual Beliefs 1, 29
[272] New York Times article by Charles Hagen, January 19, 1997 as cited in Spiritual Beliefs 15
[273] Eilberg "A Time To Die: Reflections on Care for the Dying" 124

From a Jewish perspective, hospice care finds overwhelming support. Only among the stringent Orthodox decisors do we find any opposition. David Bleich opposes hospice care based on the premise that the patient acknowledges the inevitability and imminence of death, acquiescing to it. This defies the Jewish prohibition of letting a person know that we have given up hope on their survival.[274]

Overwhelmingly though, rabbis and Jews who follow these rabbis support hospice care. Eilberg says that hospice care epitomizes what all medical care should be. She notes that it emphasizes the Jewish vision of healing by addressing the healing of both the body and the soul.[275] Dorff sees hospice also as not only more medically realistic and affordable than acute care hospitals, but also as the most humane alternative. He reminds us that hospice care addresses the non-medical ways people require support during end of life situations, which are very important from a Jewish perspective. He notes especially the care provided by family and friends who, in the context of hospice care, make the patient feel not as a diseased person, but as an individual who is still an important part of their lives. He also reminds us that the team of hospice workers may include nurses, social workers, and rabbis.[276] Dorff believes "hospice care becomes not only a permissible option, but, at least in most cases, the Jewishly preferable one," as it addresses the unique needs of each individual who faces death.[277]

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[274] Dorff 172
[275] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 335
[276] Dorff 190, 219
[277] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 336, Eilberg "A Time To Die: Reflections on Care for the Dying" 128

One of the basic principles of hospice is recognizing "the family as the unit of care."[278] Fredda Herz Brown also notes that, although it is often more work, hospice and home-care appear less emotionally consequential to the family over time.[279] Because there is a clear picture that life will soon end when one enters hospice care, people become motivated to be honest and forthcoming in their relationships with family and friends. This often makes it possible for families to heal troubled relationships within the finitude of the hospice setting.[280] Also because of the honest nature of the hospice setting, friends and family can often know better whether a patient's plea for death is really a plea for something else such as pain medication, attention, or the fulfillment of other needs.[281] Because the patient's family and friends are active in hospice care, patients often receive necessary pain medication.[282]

Many hospice programs accept children as patients and will even hire pediatric specialists.[283] Parents who lose a child who has received hospice care report fewer problems following the death. They report an easier time readjusting to the outside social world, fewer problems between spouses and between families, and a lower sense of intense guilt, anxiety, or depression. Some believe that this may all be true because parents losing a child in a hospice care program experience a greater sense of control and power.[284] Hospice is clearly a beneficial alternative not only for older patients experiencing the end of life, but also for children and their families.

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[278] Rosen xiii
[279] Brown 460
[280] Dorff 195
[281] Rosen 217
[282] Dorff 218
[283] "Children Die, Too" April 3, 2008. <www.lastacts.com>
[284] Brown 467

Even with the proven benefits of hospice care, not all Americans know about it or utilize it. This may be true in part because those who participate in American culture frequently value, even worship, youth and immortality. Many are unwilling, or find it challenging, to admit that death is imminent. This results in a decreased interest in hospice care.[285] Not only is American usage of hospice lower than it could be, Jewish usage of hospice is even lower than the national average. This, even despite the agreement of almost all rabbis across all Jewish movements that hospice care is the ideal end of life care, that it is permissible, and even desirable.[286] To help encourage Jews to take advantage of hospice care, Elliot Dorff reminds us that Jews can sign advance directives and indicate on them a preference for hospice care over aggressive but futile attempts to save their lives.[287]

[285] Eilberg "A Time To Die: Reflections on Care for the Dying"124
[286] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 335-336
[287] Dorff 219

CHAPTER VI: GIVING THE GIFT OF LIFE

WHEN ONE'S LIFE IS NO LONGER

Section A: Organ Donation

Jewish debate around organ donation rages in hospitals. Misconceptions exist in the Jewish world regarding organ donation, including that Judaism prohibits organ donation because it will desecrate the body, or that upon resurrection at the time of the messiah, the resurrected body will be incomplete and unable to function properly. There is also an opinion that, because many organ donations take place following the removal of a patient from life support, organ donation necessitates murder. However, recent Jewish history has shown a tendency towards allowing, even requiring, organ donation. Most modern rabbis, liberal and otherwise, support it. Rabbi Elliot Dorff praises those who agree to donate their organs after they die, and families that make this decision for them. Rabbi David Bleich sets limits on the practice, stating that in order for a person to donate an organ, one must identify a recipient, thereby prohibiting donations to organ banks. Most decisors, more liberal than he, will permit donation to organ banks due to the high likelihood that someone will use them. While Rabbi Moshe Feinstein, in the 1960's, said that Jewish law prohibits heart transplants, in 1998 the Israeli Chief Rabbinate stated that Judaism permits a patient with a flat electroencephalogram to donate a heart.[288] Judaism also debates the topic of utilizing artificial organs, such as those created by animal parts or artificial materials.

Much controversy surrounds organ donation within Judaism. The debates are both *halakhic* and ethical. Very often, misconceptions accompanying thoughts on organ

[288] Zemer "Determining Death In Jewish Law" 112, Dorff 229

donation prevent a Jewish family or Jewish donor from agreeing to donate organs.[289] Some worry that the process of organ donation desecrates the body. Some worry that their surviving family members might endure a great financial hardship due to the donation. It might comfort them to know that the recipient, not the donor, covers the financial costs. Some worry that when the time comes for resurrection, their act of organ donation might deny them complete fulfillment of this rite. It might comfort them to know that all Jewish sources contradict this view. Saadia Gaon says, "if one believes that God created the world from nothing, one should believe that God can refashion and revive the dead because that involves the comparatively easy task of creating something out of something which has already existed but disintegrated."[290] In other words, if God can create a kidney from nothing in the first place, God surely can refashion a kidney at the time of resurrection in one who already had a functioning kidney but donated it. This view also speaks to what will happen in resurrection to one who perishes in an accident or act of violence leaving their body disfigured. A statement by Eliot Dorff supports this last view, as he adds to Saadia Gaon's statement saying, "all of us die of some bodily malfunction, so God would certainly have to replace some of our parts, for in the end they did not serve us very well." In fact, most contemporary Jewish authorities both permit and even encourage or require organ donation.[291]

In the face of modern technologies and modern medicine, many people question and even overturn Jewish statements opposing organ donation. Rabbi Moshe Feinstein used reverse logic when approaching the issue. He stated that just as Judaism permits the

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[289] Dorff 231-237
[290] Saadia Gaon's Book of Doctrines and Beliefs 2:1 as cited in Dorff 231-237
[291] Dorff 231-237, 241

removal of an impediment in order to stop one's pain when approaching death, the same holds true for organ donation. If keeping someone alive for the purpose of removing his organs for donation, a typical part of the organ donation process, will cause him any pain, Judaism does not permit it.[292] In the 1960's, both Rabbi Feinstein and the Israeli Chief Rabbi Yehudah Unterman professed that heart transplants caused double murder, killing the donor and often the recipient – since the survival rates were so low. In 1991 Rabbi Shlomo Zalman Auerbach and Rabbi Yosef Elyashiv said that removing the organs of a brain dead patient is tantamount to murder. This parallels the belief that heart transplants involve murdering the donor. Rabbis Auerbach, Elyashiv, and Waldenberg have declared that so much as giving permission for an organ donation is equivalent to murder.[293] As technology changes and improves and heart transplant success rates increase, rabbis have had to revisit these decisions.

There are some, including David Bleich, who hold the view that organ donation is permissible only when we can identify a single recipient who will live or have control over an entire physical faculty only as a result of the donation. This prohibits donation to organ banks, or donation to a patient who would not lose an entire physical faculty, such as the use of both but not only one cornea. However, most decisors today allow donation to organ banks due to established sufficient demand for the organ. Eventually someone will likely use it, fulfilling the requirement of saving a life or a physical faculty.[294]

According to Eliot Dorff, the Jewish importance of saving a life is so great that one whose family chooses to donate his organs after he has died has performed an act of

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[292] Teshut Iggrot Moshe Yorah Deah 2:174
[293] Zemer "Determining Death In Jewish Law" 112, 115, 117
[294] Dorff 227

kevod hamet, honoring the dead. Dorff sees organ donation as allowing another the opportunity to live, an act of *chesed*, kindness. In fact, Dorff even grants permission for the delay of burial for the sake of organ donation, if the goal of the donation is to save a life.[295] The Conservative Rabbi Joseph Prousner said, in 1995, that if one fails to make arrangements to donate organs after death, he violates the commandment "do not stand idly by the blood of your neighbor' because he has failed to help someone who will need the transplant.[296] He expands this to say that because the donation might have alleviated the need for a living donor to donate and undergo a possibly risky procedure, one should consider organ donation an obligation.[297]

In 1998 the Chief Rabbinate of Israel laid the groundwork for what is now the accepted opinion of most contemporary traditional Jewish decisors. They made the pivotal decision that when one detects a flat electroencephalogram, indicating that the patient can no longer breathe on his own or produce a heartbeat, Judaism permits the extraction of a heart for heart transplantation.[298] Moshe Zemer declares that at a time of certain danger, we ignore the short-term life, *chayey shaah*, in favor of the long-term life, *chayey olam*, if there is any chance of prolonging the patient's long-term life.[299] He cites a Talmudic passage stating that if we see a person drowning, mauled by beasts, or attacked by robbers, Jewish law obligates us to attempt to save the person, even at the

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[295] Dorff 225-226
[296] Leviticus 19:16
[297] Dorff 227-228
[298] Dorff 229
[299] Zemer "Determining Death In Jewish Law" 113

cost of our own lives. [300] Using this passage, Zemer says that all the more so does Jewish law obligate us to use the organ of a brain-dead patient for donation.[301]

Modern medical technology has created another technique that is debated within Jewish circles: using animal parts or other artificial materials for transplants to humans. Eliot Dorff tells us that using animal or artificial parts for transplants is both cost-effective and rids us of the need to determine the exact moment of death from a Jewish perspective. Dorff adds that since Judaism does not require vegetarianism and also places saving a life over the dietary laws, no qualms need arise about using animal parts in general for transplantation, or about using nonkosher animals specifically. Based on this logic, Judaism permits any type of animal part for transplant. He also says that we should not perform risky therapies, including animal transplants, with the intent of bringing about a quicker death. However, when faced with no known alternative, one may attempt even risky treatments within the realm of animal transplantation for the sake of preserving a life.[302]

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[300] Sanhedrin 73a
[301] Zemer "Determining Death In Jewish Law" 118
[302] Dorff 217-218

Section B: Donating One's Body to Science

The Israeli Chief Rabbi Herzog allows for donation of one's body to science on condition that the person gave consent during his lifetime and that the dissected body parts will be preserved and will receive an appropriate burial in accordance with Jewish law following dissection and scientific use. Elliot Dorff agrees with the statement of Israeli Chief Rabbi Herzog and adds to the first clause that not only must the deceased person have consented during his lifetime, but this decision must accord with the wishes of his family. In this case, Dorff adds that if the family of the deceased feels that the donation of the deceased's body to science, preventing a funeral with burial from occurring, denies them the ability to mourn, the family should not feel guilty for denying the donation of their deceased's body. This applies even if the deceased declared during his lifetime that these were his wishes. The ability of the family to mourn properly supersedes this wish.[303]

Rabbi David Bleich and some other authorities permit donation of a Jew's body to science only if an identified patient will immediately benefit from it. Rabbi Isaac Klein takes a different perspective. He believes that, due to the fact that American Jews live in a country where we enjoy freedom, if the rabbis prohibit donation of Jewish bodies to science for medical study, some will say that Jews do not have an interest in saving lives. Rabbi Klein fears that this will lead to a *chillul haShem*, desecration of God's name, and that therefore, rabbinic authorities should permit American Jews to donate their bodies to science.[304]

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[303] Dorff 239-241
[304] Dorff 239-240

The views on donation of one's body to science from a Jewish perspective vary greatly. As long as society affords us the option, Jewish authorities will have to continue to struggle with the questions, values, and ethical dilemmas it raises, balancing them with living in accordance to Jewish law. Jews must strive to make this and other bioethical decisions with respect both to Jewish law and to the lives it guides.

Part II: Jewish Caring

CHAPTER VII: INTRODUCTION

Section A: Starting the Conversation Before It Is Too Late

End of life decision-making affects not only the patient and his physician, but often also affects the patient's family. This last constituency may find itself overlooked among the whirlwind of doctors, machines, and medications focused on the patient. When death is long in coming,[305] the patient himself will likely experience stages of dying as enumerated by Elisabeth Kübler-Ross. There are many questions that patients and their families will need to answer during this time period. Rather than make these decisions amidst the confusion often surrounding imminent death, or as split-second decisions as some cases may require, people can discuss these topics in advance. There is much benefit to starting the conversation about end of life care before it is too late.

It is best to begin decision-making before illness even occurs.[306] According to Kübler-Ross, it can be a great blessing to use the time of another person's illness to think about our own mortality and the dying process.[307] We can take the situations and decisions another faces and reflect on how we would react if in the same situation. This can also be a good catalyst to broach the topic with our family, friends, and loved ones. Tools such as advance directives can help move along the conversation. Sadly, families often do not openly address the topic of advance directives and the issues surrounding end of life care until death is imminent.[308] This can result in conceding precious last moments with a loved one to technical discussions and decisions. Some argue that

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[305] And not immediate and unexpected, such as from an immediately fatal car accident
[306] Kavesh "Taking Control of Difficult Decisions" 15
[307] Kübler-Ross: On Death and Dying 29
[308] Rosen 201

Jewish professionals should make "advance health planning" part of their regular guidance with individuals.[309] Helping to start the conversation before it is too late can save people much unnecessary grief and pain during an otherwise painful time: in the face of a loved one's dying.

[309] Kavesh "Taking Control of Difficult Decisions" 15

CHAPTER VIII: *BIKKUR CHOLIM*

Section A: Obligation To And Importance Of *Bikkur Cholim*

Traditionally we recite the prayer *Elu Devarim* each morning and include it as the blessing we say over studying Torah. In this prayer, we learn that visiting the sick is a commandment without limit, bearing immediate fruit. The basis for this prayer comes from the Talmud.[310] The Talmud is rich with stories and commandments about the importance of visiting the sick. We find, for example, a story in which a student of Rabbi Akiva falls ill. None of the other students go to visit this particular student. When Rabbi Akiva visits the student, the student says "my master, you have revived me." Therefore, Rabbi Akiva teaches, "a person who does not visit the sick is like one who sheds blood."[311] Rabbi Akiva's statement not only speaks to the importance of visiting the sick, but of the risk we run by ignoring the sick among us. The Talmud also teaches that God visited Abraham after his circumcision, teaching us that God too visits the sick.[312] The Talmud interprets this visit to mean that just as God visits the sick, so should humans visit the sick. It says that when we visit the sick, we follow the teaching of the Torah, "Follow God, your God."[313] The Talmud interprets this biblical phrase to mean that we should follow after God's moral attributes, seen when God visited the recovering Abraham. The Talmud also teaches that God made this visit to Abraham to teach about the mitzvah of *bikkur cholim*.[314]

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[310] Shabbat 127a
[311] Nedarim 40a as cited in Wolpe "Forming New Relationships" 29
[312] Sotah 14a
[313] Deuteronomy 13:5
[314] Bava Metzia 86b as cited in Offel, Janet. "The Mitzvah of Bikkur Cholim: A Model for Building Community In Contemporary Synagogues." The National Center for Jewish Healing. 3 April 2008. <www.ncjh.org/downloads/seraf-MitzvahBC.pdf>

The Shulchan Aruch contains an entire section dedicated to the mitzvah of *bikkur cholim*. We learn that visiting the sick is a commandment.[315] We learn that all types of visits to the sick, regardless of who makes the visit or how often, are praiseworthy as long as the visit does not burden the patient.[316] Jewish law obligates family and close friends to visit the sick immediately. On the other hand, those more distant in relationship should wait three days to visit the sick. If the ill person's situation worsens, those more distant in relationship may also visit immediately.[317] The text also requires those of "higher status" to visit the sick of "lower status," including a person of one's own age. Some oblige us even to visit those who we hate when they fall ill. The RAMA objects to this, fearing that it might look as though we rejoice in the misery of another.[318] For the sake of keeping peace, the Shulchan Aruch says we should even visit idol worshippers who fall ill.[319]

The Shulchan Aruch also instructs us as to the proper way to visit a sick person. It says that when visiting a patient, we should not sit on the bed, chair, or bench. At the time of the writing of the law code, sick people lay on the ground, and a visitor who sat on the bed, chair, or bench would sit above the sick person. Rather than placing ourselves on a level above the sick person, the Shulchan Aruch instructs us to sit before a sick person, for the *Shechinah* dwells above the head of the sick. The law code instructs us, therefore, not to place ourselves physically above a sick person, which today could translate to standing while a sick person lays in bed. The RAMA adds here that if the

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[315] Shulchan Aruch Yorah Deah 335:1
[316] Shulchan Aruch Yorah Deah 335:2
[317] Shulchan Aruch Yorah Deah 335:1
[318] Shulchan Aruch Yorah Deah 335:2
[319] Shulchan Aruch Yorah Deah 335:9

sick person does happen to be in a bed, we may be on an equal level to him.[320] The Shulchan Aruch also instructs us regarding the timing of our visitation. It says that we should not visit a sick person during the first three hours of the day, when he is feeling at his best. This is because we may not sense that we should ask mercy for him. At the same time, we should not visit a sick person during the last three hours of the day, when his sickness is at its worst. This is because we may not see it worthwhile to ask mercy for him.[321] Asking mercy for the sick is a highly valued act according to the Shulchan Aruch, which teaches that we should include the sick person in our prayers for all the sick of Israel.[322]

Rabbi David Teutsch, President of the Reconstructionist Rabbinical College, agrees, saying that caring for one another contributes to what makes us "fully human." We do this by bringing to others *chesed*, or lovingkindness, when visiting the sick, which they say embodies love.[323] Elliot Dorff reminds us that Judaism requires every Jew to visit the sick. Therefore, dating back at least to the fourteenth century and continuing in many of our congregations today, synagogues or communities establish *bikkur cholim* societies and committees.[324]

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[320] Shulchan Aruch Yorah Deah 335:3
[321] Shulchan Aruch Yorah Deah 335:4
[322] Shulchan Aruch Yorah Deah 335:6
[323] Teutsch 8
[324] Dorff 255

Section B: *Bikkur Cholim* Committees

Today in congregations, especially larger ones, many members feel isolated and lonely. In order to combat this feeling, congregations have created connections between members. *Bikkur cholim* committees help create these connections, while at the same time serving the purpose of helping the ill within the congregation.[325]

In the past, when Jews lived in small communities, individual people and *bikkur cholim* societies provided for the ill and their families. Today, this still takes place in some Orthodox communities. However, in most non-Orthodox communities, the rabbi takes on the role of "professional communal caregiver." Yet, the rabbi's hectic schedule often leaves ill individuals and their families under-attended. As a result, a growing number of non-Orthodox synagogues have formed *bikkur cholim* committees.[326] Members of these *bikkur cholim* committees serve as visitors and a resource not only to ill congregants on the road to recovery, but to those in the process of dying. According to a survey conducted by the George H. Gallup International Institute, thirty-six percent of respondents said they could see a clergy member providing comfort as they died. Comparably, twenty-seven percent of respondents said a "person with religious experience" could provide comfort.[327] Therefore, rabbis need not take on the burden of *bikkur cholim* for the ill and the dying alone; *bikkur cholim* committees can serve the purpose very well.

Bikkur cholim committee members provide care and companionship for the ill within the congregation. They visit patients in hospitals and at home, provide phone

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[325] Offel 10
[326] Offel 1
[327] Spiritual Beliefs 26

calls, food, material representations of support such as flowers and cards, and spiritual support such as prayers. A well-functioning *bikkur cholim* committee has the power not only to provide for the sick within the community, but to provide its committee members as well as the sick with a sense of community. According to Offel this sense of community and sense of caring can impact the entire congregation, another benefit of *bikkur cholim* committees.[328]

Janet Offel and Wendy Bocarsky developed a *bikkur cholim* model for synagogues. Their model puts an emphasis on teams and team building, rather than "committees." They point out that while committees often focus on hierarchy and power, teams focus on "buy-in, response, and action." They stress the team model as it fosters a sense of "interpersonal cooperation" and "personal accountability." They also emphasize a need-based model rather than a program-based model for their *bikkur cholim* teams. Program-based models function when a group discovers a program (such as providing meals). It then seeks out individuals or families to whom they can provide their programs, and finds individuals who will provide the program. This results in people who have more or different types of things to offer than meals, providing meals, and people who may not need meals as a top priority, receiving meals. Alternatively, the need-based model first seeks what the ill people in the community need and takes action based on the findings.[329]

As Offel says, "organizations are like human beings: each one is unique." Many ways exist to structure *bikkur cholim* organizations within a synagogue, and Offel notes

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[328] Offel 1, 3
[329] Offel 4-6

that different synagogues require different approaches.[330] Over time, different synagogues created different models for ways to include everyone in *bikkur cholim* and make sure that the synagogue meets the needs of the ill members of the community. The only thing of which all communities can be sure is that the need for a *bikkur cholim* model exists within all communities.

Temple Chai of Phoenix, Arizona is a Reform Jewish congregation with a unique approach to *bikkur cholim.* Their Rabbis Bill Berk and Mari Chernow, together with Sharona Silverman, Director of the Deutsch Family Shalom Center, developed an effort for "Advanced Jewish Healing." The Shalom Center invited members of Temple Chai's Caring Committee as well as individuals involved with caring professions to participate in a program called "Lilmode, Lelamed, Lenakhem" meaning "To Learn, To Teach, To Comfort." Less than thirty congregants were selected to participate in this group.[331] The program was a three-year program including monthly meetings facilitated by the temple's clergy and guest scholars, workshops, lectures, and healing projects, including a healing trip to Israel.[332] The thirty-member group studied *bikkur cholim* within Jewish history, traditional and modern Jewish writing on health and illness, and the role of prayer and the spiritual dimension in healing and illness.[333] The group then developed materials to train and assist congregants as they visited the sick, dying, and bereaved.[334] Members of the group found new and renewed meaning both in their Judaism and in their ability to

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[330] Offel 8
[331] Silverman, Sharona. Advanced Jewish Healing Program: Lilmode, Lelamed, Lenakhm, To Learn, To Teach, To Comfort (Deutsch Family Shalom Center Temple Chai Phoenix, Arizona) 2
[332] Silverman 3
[333] Silverman 6
[334] Silverman 10

contribute to the healing process. Their literature also shows a clear connection among the group's members to one another, the congregation, and the greater Jewish community, fostered by this program.[335]

According to Jewish tradition, by doing *bikkur cholim*, we imitate God. We show the sick concern and caring, therefore providing them with healing.[336] Rosen notes that many of the interventions which help an individual or family facing death are commonsense interventions. One does not need a degree in pastoral counseling to realize and utilize these interventions. However, though commonsense can be of great help, Rosen cautions that it is beneficial to seek the guidance of psychosocial professionals when working with families in these situations.[337] Rabbi Amy Eilberg says us that one who cares for the dying must possess both respect and humility. She says, "If we can perceive and affirm the *tzelem Elohim* in the dying person as death nears, we have done a great deal."[338] Janet Offel, a Reform rabbi notes that a "credible healthcare professional trained in assessment" could help a congregation navigate through the ways it can help families facing death. People often speak more openly with medical professionals than rabbis or other congregants, willingly telling the medical professionals what an ill congregant needs.[339]

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[335] Silverman 22 - 27
[336] Offel 1
[337] Rosen 135-136
[338] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 232, 330
[339] Offel 6

Section C: Clergy/Chaplain's Role With The Dying And Their Families

As noted above, though the rabbi[340] need not be the sole provider of *bikkur cholim*, the rabbi can play a vital role in providing care for the sick and dying. Rabbis can create a safe space for people to explore their feelings.[341] As Jerome Groopman puts it, the rabbi's role is to provide "choice and understanding."[342] By making a visit to the dying individual, rabbis can offer these things to patients who may otherwise not find them. The rabbi may be helpful as dying individuals make the many choices they face, especially if the patient wishes to take the Jewish view into consideration.

The rabbi can help all involved find meaning within the dying process.[343] Rabbis can help patients and families find the meaning in how one copes with suffering and death.[344] A rabbi can help add meaning by redirecting the focus from whether the patient will live, to how the patient will live and die. Rosen points out that this shift in focus can be powerful for families disagreeing over ethical dilemmas surrounding death.[345] He also points out that caregivers who understand family dynamics are better able to help families cope with death, both surviving and growing from the experience.[346]

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[340] For the duration of this section, the word "rabbi" is interchangeable with the words "chaplain," "cantor," or "clergy"
[341] Corn and Corn 124
[342] Groopman, Jerome. The Anatomy of Hope: How People Prevail In The Face of Illness, (New York: Random House Inc., 2005) 81
[343] Corn and Corn 118
[344] Carey, Raymond G. "Living Until Death: A Program of Service and Research for the Terminally Ill." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 81
[345] Rosen 187
[346] Rosen xvi, For further information on the topic of family dynamics, see the sections on "Family Relationships As Affected by End of Life" and "Family Position and its Impact on Death"

In making the visit to family and friends of the patient, the rabbi is best advised to focus discussion on their feelings.[347] Fredda Herz Brown suggests using direct terms in conversation rather than indirect terms; "death" and "dying" rather than "passes away." She states that the use of direct terms shows a level of comfort with the discussion.[348] By using direct terms, rabbis may invite families and friends to a new level of conversation; perhaps one they await anxiously. Rosen calls language a "powerful psychological tool." He notes that when one understands the terms family members choose and how they choose those terms, they can better help families to accept reality.[349]

Providing a spiritual as well as a caring presence through his or her act of *bikkur cholim*, the rabbi can be a powerful addition to a patient's team of caregivers. Rabbis can certainly cry with dying patients, showing their humanity during one of life's most difficult moments.[350] Phyllis Dvora Corn and Benjamin W. Corn remind us that sharing in one's depression as he experiences the final stages of life is a sign not of weakness, but of humanness.[351] Families of dying patients, as well as patients themselves, may be spiritually and emotionally moved by a rabbi's visit as the rabbi can help add a religious dimension to the dying process.

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[347] Corn and Corn 122
[348] Brown 475
[349] Rosen 95
[350] Corn and Corn 126
[351] Corn and Corn 127

CHAPTER IX: MAKING THE VISIT

Section A: The Visitor as Support System – *Refuat haNefesh*

The Zohar says "if a physician cannot give his patient medicine for his body, he should at least make sure that medicine is given him for his soul."[352] Judaism has a longstanding tradition of recognizing the need for healing both for the body, *guf*, and for the soul, *nefesh*. The Talmud says that Judaism treats the soul and the body with equal importance, and judges them as one.[353] Rabbi Abba son of Rabbi Hanina said "He who visits the sick takes away a sixtieth of his pain."[354] Rabbi Dimi said "He who visits the sick causes him to live, while he who does not, causes him to die."[355] Ancient Israelite tradition took a holistic approach to healing, treating the whole human being, body and soul, as one entity.[356] Elliot Dorff agrees with the traditional Jewish approach of treating the body and soul as one, saying, "neither body nor soul exists without the other." He encourages us to give attention to both body and soul and the way they affect one another.[357] The underlying Jewish principle is that even when healing the body is no longer possible, it is possible to heal the soul.[358] Dorff says that even when medicine will not cure someone, Jews have an obligation to care for the person emotionally, psychologically, and socially.[359] This approach finds support not only in the Jewish

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[352] Zohar 1:229b as cited in Dorff 255
[353] Sanhedrin 91a-b
[354] Nedarim 39b
[355] Nedarim 40a
[356] Meyers 133
[357] Dorff, Elliot N., "Preface" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) xiii
[358] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 330
[359] Dorff 255

arena, but also in the medical realm. Physicians and other health care providers agree that care for the dying needs to focus not only on symptom and pain relief, but on spiritual care as well.[360]

Jewish medical ethics consider the whole human being. Therefore, Judaism pays close attention to the mental and emotional sides of medical care. Dorff points out that since people do not live in isolation, we must consider the impact of social support on an individual's health.[361] Sixty-one percent of people surveyed on the topic say they will look to friends for support in their dying days, and eighty-one percent say they will look to family.[362] Unquestionably, people value the social support provided by those they know and love. Individuals untrained in the bodily healing of an individual, and even untrained in the psychological healing of an individual, can still provide a great deal to heal the souls of dying individuals.

Loneliness plagues many in the final stages of life. For this reason, Dorff encourages physicians met with requests for assisted suicide to examine the social situation of the patient making the request. He suggests that when a physician notes that a request to die may stem from loneliness, the physician should help create a group of people who take interest in the patient's continued life. He notes that once someone shows interest in a patient's continued life, the patient often withdraws his request to die. Dorff says therefore "the mitzvah of *bikkur cholim* becomes all the more crucial in

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[360] "Care For The Spirit" April 3, 2008. www.lastacts.com
[361] Dorff 32-33
[362] Spiritual Beliefs 25

sustaining the will to live."[363] Similarly, Kübler-Ross says "we should be able to help patients die by trying to help them live, rather than vegetate in an inhuman manner."[364]

Both the Jewish and medical realms affirm the power of healing for the soul. Medical schools today, more than ever, realize that addressing spirituality can be a vital part of patient care.[365] Judaism encourages this through acts of *bikkur cholim*, both by rabbis and lay Jews. Eilberg reminds us that *refuat hanefesh* is always possible, even when *refuat haguf* is not. Therefore, even until the very end, we offer the *Mi Sheberach* prayer for healing.[366] As Groopman says, "where there is no longer hope for the body, there is always hope for the soul."[367]

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[363] Dorff 193-194
[364] Kübler-Ross: On Death and Dying 21
[365] "Care For The Spirit"
[366] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 330
[367] Groopman xiii

Section B: What To Do and What To Say

When Making A Visit To One Nearing Death

Making a visit to the sick can be an intimidating task. Many potential visitors do not know that they need not have the words and knowledge of experts to make a successful visit. Often patients only seek company from visitors, not magical solutions or medical cures. Elie Wiesel's story of a *Chassidic* master informs this discussion. He says that the master met with a student enraged at the world's evil. The master said "I know why you are angry. And what do I say to you? Fine. Let us be angry. Together."[368] The same holds true for a sick or dying individual, angry at his life's turn of events. A visitor need not have beautifully formed words to share with a patient, but can have a wonderful impact by allowing the patient to express his emotions, accompanying the patient through the emotional journey.

Some cautions for a potential visitor exist. Visitors often have trouble when visiting a patient with "invisible conditions." While the pain and loss suffered by a recent amputee are visible to the eye, the pain and loss suffered by a recent heart attack victim do not always bear equivalent external signs. The visitor should keep these "invisible conditions" in mind when making his visit.[369]

Often the first words which come to a visitor's mind are not the most helpful. Patients do not always need or want to hear "you are going to be fine." The visitor should ask himself for what reason he would say the words that come to mind, whether they will best serve to comfort the patient or the visitor himself. Additionally, the visitor

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[368] Wolpe "Forming New Relationships" 35

[369] Mauksch, Hans O. "The Organizational Context of Dying." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 21

should ask himself whether he can really promise fulfillment of his words. More comforting are words such as "I will be here for you every step of the way."[370] Visitors do not need to solve problems. The presence of a visitor for a dying person is often the greatest gift.[371] Kübler-Ross notes that visitors should not come to hear the latest gossip from family members. Family members will appreciate a visitor who relieves the family members of some of their daily responsibilities, such as cooking and watching the children.[372]

Jewish tradition provides guidance regarding the correct words for a visitor to say. The Shulchan Aruch says that one who visits the sick should speak words of encouragement. It also encourages the visitor to help the dying arrange their final affairs.[373] Alison Jordan and Stuart Kelman say that when a visitor sits with a *goses*, he should help the dying patient verbalize the thoughts on his mind. They say this may include conversation about fear, leaving loved ones behind, acceptance of death, or even beginning a conversation about unfinished business.[374] Rabbi Miryam Klotz, spiritual director at the Reconstructionist Rabbinical College, encourages visitors and rabbis to help patients give voice to their emotions "in a spirit of openness to God." She notes that

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[370] Wolpe "Forming New Relationships" 34
[371] Klotz, Miryam, "End-of-Life Care" Behoref Hayamim: In the Winter of Life; A Values-Based Jewish Guide for Decision Making at the End of Life, (Pennsylvania: Reconstructionist Rabbinical College Press, 2002) 108
[372] Kübler-Ross: On Death and Dying 158
[373] Shulchan Aruch Yorah Deah 335:7
[374] Jordan, Alison and Stuart Kelman, "The Vidui: Jewish Relational Care for the Final Moments of Life" Illness and Health In The Jewish Tradition: Writings from the Bible to Today, (Eds. Freeman, David L. and Judith Z. Abrams, Philadelphia: Jewish Publication Society, 1999) 379

visitors and caregivers can provide a safe space for a patient to express questions about what will happen after he or she dies, without attempting to answer the questions.[375]

Many encourage visitors not to attempt to answer dying patients' questions, but to listen as the patients verbalize their thoughts. Dying patients often wish to honestly discuss their situation. Rabbi Myriam Klotz regards the willingness to listen openly and discuss the dying patient's realities as an act of caring.[376] Eilberg says that rabbis and all those willing to listen, even when they cannot provide answers or relieve fears, should remember that a "compassionate presence" makes a difference. Visitors can show the dying that their life made a difference by listening quietly and enthusiastically to the life stories of a patient.[377] This presence, whether produced by rabbis, caregivers, family, or friends, will help the dying person know that he is not alone. Visitors can help not only the patient but the family as well, simply by listening. Kübler-Ross reminds us that a "neutral outsider" can be greatly helpful by listening to family members' concerns.[378] Family members, friends, caregivers, rabbis, and patients, can experience meaningful moments together by just sitting together and allowing for moments of silence, including silent prayer.[379]

Another role of the visitor is to remind the patient of "life outside the sickroom."[380] Though this must be done delicately and tactfully, many patients and their families will enjoy hearing about life outside. Chaplain Sheila Segal says, "visitors who

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[375] Klotz 110, 119
[376] Klotz 107
[377] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 325, 338
[378] Kübler-Ross: On Death and Dying 160
[379] Eilberg "A Time To Die: Reflections on Care for the Dying" 112-113
[380] Dorff 257

bring up topics of previously shared interest help dying individuals hold on to who they are even as their lives may be coming to an end."[381] Simply spending time with a patient communicates to the dying patient that they are still of value.[382] If a personal visit is not possible, either due to the patient's condition or for the potential visitor's reasons, phone calls and cards express care quite sufficiently.[383] When an in-person visit is possible, the Talmud reminds visitors to pay attention not only to the spiritual and emotional needs of a patient, but to the physical needs as well.[384] Bringing flowers or sunshine into a room and bringing slight relief such as ice chips or a cold wet rag to a patient, all when medically permissible, can cause a patient to feel cared for and physically revived, if only for a moment.

An experiment examined the actions performed by a physician visiting a patient's room compared to the time the physician spent in the room. In all cases, the physician remained in the room for three minutes. In every case where the physician sat down in the room, the patient believed that the physician visited for ten minutes, while in every case where the physician remained standing, the patient believed the visit was shorter.[385] A physician, caregiver, rabbi, or any visitor need not feel the burden of spending all day with a patient. Visitors should attempt to make the most quality out of any quantity of time visiting a patient; through sitting together, listening, talking, or even crying together.

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[381] Segal 84
[382] Corn and Corn 136
[383] Klotz 106
[384] Nedarim 39b-40a
[385] Mauksch 20

Section C: The Importance of Physical Contact

Among latex gloves, medical implements, and starched hospital bed sheets, physical contact can be a welcome visitor. A visitor who walks into the room of a dying patient and offers a hand has offered far more than it may seem at the outset. Rabbi Miryam Klotz encourages the holding of a dying patient's hand. She encourages the use of touch and notes its value while performing the mitzvah of *bikkur cholim.*[386] These recommendations find support in research and surveys.

The George H. Gallup International Institute included questions about human contact in their survey regarding spiritual beliefs and the dying process. Most people indicated that they believe they will want someone with them as they die. The majority of people say they identify human contact as a form of comfort. Therefore, they imagine that when dying, they will want someone to hold their hand.[387]

When a visitor offers not only a presence, but a hand to squeeze, they offer a further act of *gemilut chassidim* than the act of visiting alone. Sheila Segal adds that a warm blanket, favorite food, or sip of water offered by a visitor has the ability to take away some of a patient's pain.[388] A visitor: clergy, family, or friend, who offers physical contact to a dying patient, may be the only person who offers the patient physical contact that day. Especially when experiencing the stages of dying which include a feeling of isolation,[389] this physical contact may be vital to the emotional state and the *refuat hanefesh* of a dying patient.

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[386] Klotz 109
[387] Spiritual Beliefs 7, 19
[388] Segal 83
[389] For further information on the stages of dying see the section on "Kübler-Ross's Emotional Stages of Dying"

CHAPTER X: WHAT FAMILIES AND VISITORS CAN DO FOR THE DYING INDIVIDUAL

Section A: Giving the Dying Individual a Sense of Control and Choice

Kübler-Ross notes that people frequently treat severely ill patients like they have no right to an opinion.[390] While the choice of whether to die may be out of the patient's hands, many choices lie still within the patient's reach. Therefore many, including Corn and Corn, believe that patients should receive every possible opportunity to exert their right and ability to make choices.[391] The ability to make choices allows patients to maintain control over some things as they lose control over others. Groopman notes that for many patients, an inability to see hope stems from a belief that they cannot exert control over their circumstances.[392]

According to Rabbi Yitz Greenberg, patients who have a greater say in matters affecting their lives are more "God-like." Rabbi Greenberg says "the greater the patient's say in those matters which affect the patient's life, the more God-like is the patient."[393]

Exerting control and choice helps give dying patients a feeling of dignity. Kübler-Ross notes that caring for themselves for as long as possible helps patients to keep dignity longer.[394] In addition, following a patient's wishes as he makes his choices known can have a positive affect on the healing of a patient's soul.[395]

Dying patients lose control of many things, including ultimately their ability to live. However, visitors and family members can do many things to help the patient

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[390] Kübler-Ross: On Death and Dying 8
[391] Corn and Corn 24
[392] Groopman 209
[393] Knobel 35
[394] Kübler-Ross: On Death and Dying 115
[395] Wolpe "Families and Treatment Decisions" 72

remember that not all choices and control are lost. A visitor can empathize with a patient's loss of control. He can then look for chances for the patient to make choices, as trivial as they may seem. This can help a patient manage his feelings as well as give him a sense that not all choices are out of reach. A small thing visitors can do to make patients feel like they are in control is to reflect their language. For example, if the patient refers to his cancer as "this nuisance," the visitor does not always need to push to refer to the cancer as cancer; referring to it as "this nuisance" can help the patient to feel safe and as though the patient is in control.[396] While Brown advocates the use of direct terms, "death" rather than "passes away," she advocates this because it shows a level of comfort with the discussion.[397] Depending on the goal, whether it is to show comfort with the situation or to give patients control, one may choose his language in discussing dying with a dying individual.

One of the simplest questions every visitor can ask a patient is "what do you want?"[398] The patient may want nothing more than an extra blanket, or a sip of water, but having the power to make the choice by answering that question may be a welcome break to a day of being told what to do and when to do it. The visitor should remember that while asking this open-ended question can have the positive outcome of giving a patient some choice, it has the potential negative outcome of leading the patient to believe that he can make any sort of request. If the visitor makes a wish the visitor cannot possibly grant (for example, "I want to get better immediately"), the visitor should

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[396] Corn and Corn 124, 133
[397] Brown 475
[398] Trelease, Murray L. "Dying Among Alaskan Indians: A Matter of Choice." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 36

not feel himself obliged to "grant" the patient's wish. The same potential for offering choice exists when a visitor offers a patient a hand to squeeze rather than simply taking the patient's hand himself. Before taking a patient's hand, a visitor can offer his hand to the patient, asking the patient if he would like to take the visitor's hand. This opportunity to choose is a simple but meaningful gift a visitor can give to a patient.[399] An additional way a dying patient may wish to exert control is to plan his own funeral. This can serve the purpose both of giving the patient a sense of control over a major event, and of relieving the family of the burden of making many difficult choices later.[400] One should be aware however, that Judaism contains a tradition discouraging preparation of a funeral until after death occurs.[401]

Studies of dying patients show the importance of giving dying individuals as much control as possible over their lives.[402] Therefore, over the past few decades, some have shifted their focus to look at methods to give dying individuals a greater sense of control. These include positive thinking, imagery, and the use of laughter.[403] For some, even the knowledge that they could choose to end their lives at any given time gives them the willpower to continue to live.[404] For some, the ability to choose what they would like to hope for is powerful.[405] Patients also find power in the ability to control what they know and share about their own situation.

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[399] Klotz 109
[400] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 327
[401] Shulchan Aruch Yorah Deah 339:1
[402] Carey 75
[403] Brown 459
[404] Kahn 71
[405] Groopman 52-53

Section B: How Much to Reveal to the Dying Individual

The topic of how much information to reveal to the dying individual plagues both the medical and Jewish worlds. Opinions vary within both communities. Some suggest hiding the degree of one's illness from him so as not to upset him or make his cure more difficult. Others say that we should tell each particular patient whatever will make him feel better. Some believe that only the family, but not the patient, should receive notice of a terminal patient's condition.[406] A biblical story suggests shielding the patient from the knowledge of the severity of his illness. In II Kings 8, the Syrian King Ben-Hadad falls ill. He instructs his aide, Hazael, to inquire of the prophet Elisha about his chances of recovery. Elisha orders Hazael to say to the king, "you shall recover," but tells Hazael that the king will in fact die. The rabbis cite this text as an example of the Jewish teaching that we may withhold information from a patient in an attempt to give the patient continued hope.[407] The topic of "lying" or "white lies" plays into this debate. Corn and Corn suggest examining "who" receives protection from preventing a patient from hearing his prognosis.[408]

The question centers around not only how much to reveal to a patient of his own condition, but also of the condition of those he loves and the world around him. The Shulchan Aruch suggests that if a close family member of a sick person dies, we should not share this news with the sick person for fear that the news will disturb the patient,

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[406] "Revealing Information To The Ill Person" Encyclopedia of Jewish Medical Ethics vol. 1, (Ed. Steinberg, Dr. Avraham, Jerusalem: Schlesinger Institute, 1988) 141-145
[407] Heller, Rabbi Zachary I. "The Jewish View of Death: Guidelines for Dying." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 39
[408] Corn and Corn 131

aggravating his condition.[409] Bleich calls to mind the idea of *teruf hadaat*, or troubling the mind. He says that there are times when, in order to heal completely, a patient's mind must be clear and free from mental distress.[410]

Walter Jacob says that those surrounding a dying individual have the task to maintain an attitude of hope. Therefore, he says that a physician is not obliged to disclose the prognosis of a dying individual to one who does not inquire of his condition. Jacob says that this is in order to preserve one's hopeful attitude.[411] Israel Bettan agrees, saying that physicians should have no reservations about holding back from revealing the truth to a patient when it appears to be in the best interest of the patient.[412] Some believe that withholding the fact that a patient is dying from a patient can help preserve social bonds.[413] According to Kübler-Ross, it can be destructive to give a patient a concrete amount of time the physician expects him to live. This is in part because the concrete time is at best a guess; we never know with certainty the length of time one has left.[414] Groopman adds that when people have statistics, they often live the rest of their lives in torment as they anticipate their deaths.[415]

The possibility of revealing very little to a dying patient calls to mind the ethics of lying. Some believe that Judaism permits telling a patient a little lie for the sake of his

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[409] Shulchan Aruch Yorah Deah 337 as cited in Bettan "Reform Responsum On Physician Keeping the Truth From A Patient, 1983" 179-180
[410] Wolpe "Forming New Relationships" 37
[411] Jacob, Walter, "Reform Responsum On Informing A Dying Patient, 1988" Death and Euthanasia in Jewish Law: Essays and Responsa, (Eds. Walter Jacob and Moshe Zemer, Pittsburgh: Rodef Shalom Press, 1995) 181-182
[412] Bettan "Reform Responsum On Physician Keeping the Truth From A Patient, 1983" 179-180
[413] Corn and Corn 131
[414] Kübler-Ross: On Death and Dying 30
[415] Groopman 43

own good.[416] Others, including Dorff, argue against telling patients white lies. Dorff says that patients often have an accurate inclination about their medical prognosis. When they sense that people are withholding information from them, they come to distrust those people. He says that lies can lead to "anger and feelings of disrespect and abandonment" on the part of the patient.[417] Through the doctor's visits and the reactions of family and friends, patients can often sense what is happening. Patients notice the lowered voices and tearful faces.[418] However, when those surrounding them refuse to acknowledge their impending death, patients often feel that they need to maintain the perceived secret of their impending death in order to protect those around them.[419] Patients will pretend not to know the severity of their condition when those around them seem unable to discuss it. Kübler-Ross notes that some patients discuss dying only with those the patients feel can deal with it. With others, she says, they will utilize the tactic of denial.[420] This can be especially unfortunate when the patients, in fact, wish to explore their situation and impending death with others but feel that they cannot due to the perceived attitudes of those surrounding them.[421] Dishonesty can lead to feelings of alienation and distrust, posing an extra barrier to spiritual healing. Within the United States, most people do wish to know the truth about their diagnosis.[422]

Judaism contains admonitions against lying and statements in favor of revealing the truth to dying individuals. Maimonides warned that "one must not say one thing and

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[416] "Revealing Information To The Ill Person" 141-145
[417] Dorff 194
[418] Kübler-Ross: On Death and Dying 36-37
[419] Corn and Corn 132
[420] Kübler-Ross: On Death and Dying 37, 42
[421] Corn and Corn 132
[422] Wolpe "Forming New Relationships" 37, 38

mean another...inward and outward self should correspond."[423] Some argue that we should allow those with the potential to get better the chance to be partners in healing by telling them the whole truth; this can refer to those with the ability to improve physically, emotionally, or spiritually.[424] Though Judaism often obliges us to avoid discussion of death for the sake of strengthening the patient's hope, some exceptions exist. Judaism permits us to broach the topic of death with a patient, to suggest that the patient write a will concerning his material possessions, and to suggest that the patient compose an ethical will[425] for those he will leave behind.[426] The Bible reflects this idea. In II Kings 20:1, Isaiah tells King Hezekiah "set your house in order, for you shall die and shall not live." This encourages us to reveal the truth to the dying so that they may prepare.[427] The Shulchan Aruch tells us "One tells the dying to set his mind on his affairs...but let this not cause him to be afraid of death."[428] The Beit Yosef adds "for words can cause neither life nor death."[429]

In addition to the Jewish support of revealing the truth to dying patients, the American principle of autonomy leads us to reveal the truth more often.[430] Corn and Corn state that the "right to know" and "right to tell" belong to the patient, implying that patients have both the right to know their status and prognosis, and that they have the right to decide who else to tell. Corn and Corn strongly advocate for what they call an

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[423] Wolpe "Forming New Relationships" 37, while Wolpe's reference is to Maimonides, the phrase first appears in Berachot 28a
[424] "Revealing Information To the Ill Person" 141-145
[425] For more information on the ethical will, see the section on "Ethical Wills"
[426] Dorff 173
[427] Heller 40
[428] Shulchan Aruch 335:7 as cited in Heller 40
[429] Heller 40
[430] "Revealing Information To The Ill Person" 141-145

"open awareness context," in which all involved, including the patient, know of the patient's inevitable death. They note that patients in "open awareness contexts" can discuss their illness and prognosis openly. They add that most people facing death benefit from knowing the truth about their future.[431]

Many, including Eilberg, say that one can remain hopeful even in "dark times," and that we must acknowledge that we never really know what the future holds. She adds that anything is possible, "even an unexpected turn of events." Kübler-Ross believes that the question should not be whether to reveal information to patients, but how to reveal information to patients.[432]

[431] Corn and Corn 121, 130-132
[432] Kübler-Ross: On Death and Dying 28

CHAPTER XI: THE PRACTICAL CONSIDERATIONS FOR THE INDIVIDUAL FACING THE END OF LIFE

Section A: Advance Directives: Health Care Proxies and Living Wills

Several documents exist to make our wishes known to healthcare providers if we are unable to do so ourselves. These include health care proxies and living wills, both known as advance directives.[433] Advance directives are "legal documents that enable people to give instructions about future medical care, and to appoint another person to make health care decisions" when one is unable to make these decisions.[434] Living wills express the patient's decisions and determinations in writing. Dorff notes the importance for Jews to fill out these forms. He says that neglecting to fill out the forms can put relatives in difficult decision-making positions. This can spark problems when relatives do not agree with one another, leading to permanently scarring family arguments. Filling out these forms, says Dorff, avoids the unnecessary arguments and can save a loved one from having to make these decisions. He says, "when tragedy strikes, it is often impossible and always uncomfortable" to ask families to make these decisions.[435] The decisions could include those such as whether to begin or continue life support and whether to donate a loved one's organs. It is important to note, however, that in emergencies, such as when one calls 911, emergency medical responders do not always follow advance directives.[436]

Health care proxies are also called durable powers of attorney for the purpose of health care decision-making. While some durable powers of attorney have power which

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[433] Rosen 196
[434] "Decision-Making Isn't Just A Family Matter"
[435] Dorff 169-171
[436] "Decision-Making Isn't Just A Family Matter"

extends beyond the realm of health care (into estate planning for example), within the realm of health care, durable powers of attorney function as the health care proxy. The person given power of attorney and the patient should have open conversations regarding the patient's wishes. Power of attorney is usually granted to a relative or close friend. It is noteworthy to mention the difference between a power of attorney and a durable power of attorney. If a patient loses his decision-making capacity, the power of attorney may no longer be valid, whereas a durable power of attorney is valid even if a patient loses his decision-making capacity. One of the reasons it is advisable to appoint a durable power of attorney is that if none is appointed and one loses his decision-making capacity, the courts may appoint a "guardian."[437]

Living wills are documents that "allow individuals to express their wishes regarding life-sustaining treatment in the event of incapacity."[438] Many are familiar with the concept of writing a "will" for their material possessions. Dr. William Kavesh, Director of Geriatric Primary Care at the Philadelphia Veterans Affairs Medical Center, writes that "if people can respect a will, they must be able to respect a living will." While this is not always the case, his hopeful statement may inspire some to write a living will. He suggests that in a living will, one should include a list of their values as well as name a person who can identify those values. He suggests this because, while advance directives can cover a wide array of situations, some may arise which the advance directive does not cover. Listing a person's values, and a person who can vouch for and further explain these values, can allow physicians and families to follow through on what a person would have wanted, even when the specifics are not already detailed in the

[437] Kavesh "Taking Control of Difficult Decisions" 19-20
[438] Rosen 196

advance directive.[439] Dorff notes that each of Judaism's movements provides living will documents reflecting the beliefs of the movement.[440] It is important to note however that living wills do not have consistent legal status within America. While some states honor living will documents, others do not.

In a survey conducted by the George H. Gallup International Institute, only twenty-eight percent of respondents said they have prepared advance medical directives.[441] According to Rosen, many people feel that by filling out advance directives, they give away their autonomy. It might help to reframe the situation, noting that by filling out advance directives, patients will allow themselves to exercise their autonomy, having a say in how they die, even when they are unable to make their wishes verbally known.[442] But while still conscious and competent, the advance directives are not put into affect; the patient, at this point, exercises his autonomy himself.

It would be most preferable to prepare these forms before tragedy strikes. If tragedy strikes and finds a dying patient without an advance directive, it is not too late to write up the documents. Eilberg notes though that too often when death is imminent, the "fighting attitude" can dissuade people from making the most of the little time they have left.[443] Opening up the discussion around advance directives, however, can bring conversations otherwise neglected into focus, allowing the family and dying patient to openly discuss these topics.

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[439] Kavesh "Taking Control of Difficult Decisions" 23-24
[440] Dorff 169-170
[441] Spiritual Beliefs 10
[442] Rosen 201
[443] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 319

Section B: Ethical Wills

Upon accepting the approach of death, individuals come to the realization that time is limited, and may become interested in making the most of their remaining time. Ethical wills are a tool which can facilitate this. Ethical wills are a way to create a tangible outlet for discussing unfinished family business and leaving something for future generations. The ethical will is an ancient Jewish tradition. As death approached, wise men used to leave letters speaking about their personal views and philosophy to those they left behind.[444] The idea of preparing one's affairs, including an ethical will, dates back to the time of the Bible. Perhaps the best known example is Genesis Chapter 49, consisting of Jacob's testament to his sons before he dies; it might be called Jacob's "ethical will." Moses' final speech[445] might be considered his testament, and King David gives his before dying as well.[446] In the Bible, these testaments often include a review of one's life, lessons to be passed on, and messages or suggestions for future generations.

Today's medical revolution expands the content of ethical wills. They might include one's instructions regarding care during an illness, funerals, and mourning.[447] They could come in many forms, utilizing modern technology including DVDs and audio clips. They can also serve as a vehicle for passing on family stories. An ethical will might be a message one records in his last days to his yet unborn grandchildren, or many years in advance.

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[444] Rosen 131, 146
[445] Deuteronomy 31-33
[446] 1 Kings 2:1-10
[447] Kavesh "Taking Control of Difficult Decisions" 15

For some people, the act of writing or recording an ethical will fulfills a desire to pass on memories, beliefs and values in a concrete manner.[448] Anyone, including a visitor, can suggest composing an ethical will to a dying patient. Making this suggestion might open the lines of communication for a visitor who is unsure of how to approach the dying person and unsure of what to talk about.[449] Ethical wills are not legal documents. Dorff and Eilberg see an ethical will as a gift to friends and family.[450]

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[448] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 327

[449] Dorff 174

[450] Dorff 175, Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 327

CHAPTER XII: THE PSYCHOLOGICAL ISSUES FOR THE INDIVIDUAL FACING THE END OF LIFE

Section A: The Emotional Needs Of The Dying

In the race against time, when serious illness overtakes a person, focus shifts towards some things and away from others. Kübler-Ross notes that often the focus shifts to machines, treatments, and procedures, shifting away from the individual's emotions. This results in the potential neglect of an individual's emotional well-being.[451] Upon entering the final phase of life, people often experience a changed relationship to their bodies and "sense of self."[452] Those surrounding the dying can help the dying individual explore this newfound relationship with himself. Ultimately, preparing oneself to die can enable one to die in a way which preserves their dignity.[453] The process of readying oneself to die includes several components. Individuals need to bring closure to relationships and worldly affairs, forgive others and themselves, and take time to reflect on their life.[454]

Perhaps one of the greatest emotional needs of dying individuals is the need for others. Paul Root Wolpe says that ongoing relationships, more than any other aspect of illness and dying, shape the dying experience. These relationships can include an individual's relationships with the health-care team, caregivers, clergy, family, and friends.[455] Empathetic relationships with such people can provide care, love, and support for a dying individual. This can help the individual move towards a state of spiritual and

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[451] Kübler-Ross: On Death and Dying 9
[452] Wolpe "Forming New Relationships" 27
[453] Teutsch 7
[454] Corn and Corn 134
[455] Wolpe "Forming New Relationships" 27

emotional well-being. Fear of the unknown is a common fear for dying individuals.[456] Therefore, comfort from the "known;" from the people an individual knows and trusts, is vital as one approaches the unknown stage of death. Dying individuals who know that others around them share their sorrow and angst begin to feel less alone and more understood.[457]

People facing death experience many emotions and the need to express these emotions is great.[458] Hans O. Mauksch notes that our society places a taboo on expressing emotions, especially through acts such as crying. This holds true especially for males and for professionals.[459] Those surrounding a dying individual can encourage rather than discourage tears and allow him to express all of his emotions freely. As death approaches and individuals experience the stages of dying, those who once spoke openly about death may shy away from doing so, whereas those who refrained from such discussions may wish to engage in discussions about death.[460] Friends and family can allow and help a dying person to discuss death as he needs.

Eilberg notes that most people who know they face death find themselves grieving. She notes that this grief could include sorrow about life's end, fears about death, anger about illness, resentment of caregivers, regrets, guilt, and relief. She also includes on this list the grief over leaving loved ones behind.[461]

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[456] Teutsch 10, 28
[457] Corn and Corn 126
[458] Wolpe "Forming New Relationships" 35
[459] Mauksch 11
[460] Corn and Corn 133
[461] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 325

Grief over leaving loved ones behind leads to an important emotional need of the dying: the need to reconcile and say goodbye. The dying commonly desire to engage in a life review and to finish unfinished business. This often brings up a fear for dying individuals of saying goodbye. Certainly not all relationships are positive or always pleasant. Eilberg notes that it takes great courage to open a conversation with someone with whom an individual has had a painful relationship. Opening this conversation may lead to much-needed healing for the dying individual. Eilberg says that having this conversation can "transform a person's sense of life and the legacy they leave behind." She also points out that at times live encounters with others are impossible; due to the other's death or an unwillingness to communicate. When this is the case, she recommends writing a letter, even one which remains unsent, saying it can help the dying individual to imagine what they might have said. For those relationships which are not painful, but have been rewarding and must now come to an end, she notes that the ability to speak last words of love can bring comfort both to the dying individual and to others. Saying goodbye enhances the final days and the words spoken become a part of the memory of an individual that loved ones will carry with them. Eilberg says that saying goodbye "usually brings more richness, blessing, and love to the final days of life."[462]

The pain and suffering one might endure through the dying process can diminish when one can find meaning in the life he has lead and realize the contributions he has made.[463] Research shows that ninety-eight percent of people believe they will derive comfort if, as they prepare to die, they believe that they have done their best for family or

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[462] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 323-235, 327-328
[463] Klotz 116

loved ones.[464] Eilberg supports this, noting that people want to know that their legacy will continue after they die.[465] Corn and Corn say that when an individual can realize his contributions, it is possible to maintain a life of meaning until the very end.[466]

An understanding of an individual's religious and cultural background often helps explain why individuals behave as they do in times of crisis.[467] Family members can both help physicians and others better understand a patient, and can help a patient to feel comfortable in a time potentially otherwise filled with unrest and unfamiliarity. The family can maintain an emotional and social environment familiar to the dying individual, consistent with his life's style.[468] As noted previously, even when bodily healing is no longer possible, the potential exists for emotional and spiritual healing.[469] The importance of emotional and spiritual healing can be found in Jewish tradition as far back as biblical times. We have a story of David healing Saul with his music at a time when an "evil spirit" troubled Saul. David's music heals Saul so that he is "refreshed, and is well."[470] Some note that sometimes the "soul-soothing power of music" has no medical substitute and can be just the thing a dying individual needs.[471] People, even those not trained medically or psychologically, have the potential: through conversation, bringing things like music into the room, and showing that they care, to help fulfill the emotional needs of a dying individual.

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[464] Spiritual Beliefs 30
[465] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 327
[466] Corn and Corn 128
[467] Kübler-Ross, Elisabeth. "Introduction." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 3
[468] Carey 82
[469] Teutsch 10
[470] 1 Samuel 16:14-23
[471] 'Music To The Ears Of The Dying" April 3, 2008. <www.lastacts.com>

Section B: Kübler-Ross's Emotional Stages of Dying

Dr. Elisabeth Kübler-Ross outlines five stages of dying. They include: denial, anger, bargaining, depression, and acceptance. Individuals aware of their own terminal illness or imminent death may experience these five stages. The stages can occur out of order and may return again after their original occurrence.[472] Not all patients experience all five stages.

Upon learning that one is dying, denial is a common initial reaction, characterized by the "no, not me" reaction. Denial is both important and necessary. Denial "helps cushion the impact of the patient's awareness that death is inevitable," acting as a buffer especially after unanticipated surprising news.[473] Denial is natural and one need not force a patient out of the stage of denial. Often, feelings of isolation come along with denial. Therefore, during this stage, it is important for patients to understand that they are not alone.[474] Once reality sinks in and the patient can no longer maintain denial, patients move to other stages. Some patients may experience the stage of anger.[475]

Anger is another stage, characterized by the "why me" reaction. In this stage, the patient grows resentful that while he will die, others will remain alive and healthy.[476] Often during this stage, patients experience feelings of a lack of control.[477] Hospitals as institutions are not equipped to deal with a patient's anger.[478] Though natural, anger is often misdirected and can lead to family members with hurt feelings. During this stage

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[472] Corn and Corn 123, Behoref Hayamim: Wolpe "Forming New Relationships" 33
[473] Mauksch 10, Kübler-Ross On Death and Dying 38-39
[474] Corn and Corn 123
[475] Kübler-Ross: On Death and Dying 50
[476] Kübler-Ross: On Death and Dying 10
[477] Corn and Corn 124 – for further information about the dying individual and control, see the section on "Giving the Dying Individual a Sense of Control or Choice"
[478] Mauksch 11

the patient may run the risk of pushing away people who wish to help him.[479] God is a common target for anger. Some feel God chose to make them sick and therefore express anger towards God.

Another stage she identifies is bargaining, characterized as "yes me, but..." Bargaining occurs when the patient realizes that a "slim but possible chance" exists that he will be "rewarded for good behavior." Patients accept that death will come, but bargain for more time. Even among patients who never spoke to God before, patients frequently bargain with God.[480] Patients will also bargain with other people; this can take the form of "if you'll just let me go outside one last time..." Patients who bargain will often create for themselves goals, such as the date of a child's wedding, a birthday, etc. Patients may also bargain that if doctors utilize science to lengthen their lives, they will donate their bodies to science upon death.[481]

Another stage she identifies in the dying process is depression, characterized as "yes me." A patient enters the stage of "preparatory grief," getting ready for death's arrival. The patient will grow quiet, not wanting visitors. When a dying patient no longer wants to see a specific person, this can be a sign that the patient has finished his unfinished business with the specific person. In this schema, this is a blessing, the patient "can now let go peacefully."[482] Preparatory depression is a preparation for the final separation from life, and it can be a very profound depression.[483] While preparatory depression deals with impending losses, another type of depression exists within this

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[479] Corn and Corn 124
[480] Mauksch 10
[481] Kübler-Ross: On Death and Dying 83-84
[482] Mauksch 10
[483] Corn and Corn 126

stage. This is reactive depression, dealing with past losses. These losses can include the loss of one's past physical appearance and financial losses.[484] Reactive depression can also relate to past unresolved losses as well as grief over issues from the past.[485] Part of the dying process includes the patient losing everyone and everything he loves. She notes that it is good to allow a dying patient to be sad and can help the patient to move towards acceptance.[486]

A final stage she identifies is acceptance, characterized as "my time is very close now and it is all right." This stage lacks feelings; neither happy nor unhappy; it is not a resignation, but a victory.[487] Not all patients will experience the stage of acceptance.[488] The more a patient fights an illness, the less his chances are of experiencing the stage of acceptance.[489] While accepting that death is imminent, patients may also continue to see a possibility of overcoming the disease. This is the stage at which patients may try to make the most of their remaining time. Patients may wish to finish unfinished business, reconcile relationships, follow their life's goals, and take part in *teshuvah*, repentance.[490] Frequently when the patient enters the stage of acceptance, the family needs more help and support than the patient.[491] This is especially true as families do not always experience the stages at the same pace as the dying patient.[492]

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[484] Kübler-Ross: On Death and Dying 85-86
[485] Corn and Corn 126
[486] Kübler-Ross: On Death and Dying 87
[487] Mauksch 10
[488] Corn and Corn 127
[489] Kübler-Ross: On Death and Dying 114
[490] Corn and Corn 127
[491] Kübler-Ross: On Death and Dying 113
[492] For a further discussion on this topic, see the section on "Family Relationships As Affected By End of Life"

As noted, not all patients experience all five stages, and patients may move back and forth among them. Those willing to discuss their current experiences with others more easily experience the five stages. Also, those able to accept the good with the bad find themselves most able to experience the five stages of dying.[493]

[493] Imara, Mwalimu. "Dying as the Last Stage of Growth." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 160

CHAPTER XII: THE SPIRITUAL ISSUES

FOR THE INDIVIDUAL FACING THE END OF LIFE

Section A: The Importance of Hope and Positive Thinking

According to Judaism, there is always hope. For this reason, Kahn notes, Judaism continues to "opt for life."[494] To "opt for life" in the psychological arena may not only mean to literally opt for life over death, but to opt for hope over a spiritual death, or a loss of hope.

According to Corn and Corn, a patient who retains hope through life's final stage retains the ability to do what is required in this stage. The patient who retains this hope is "embraced by life."[495] Dr. Jerome Groopman describes hope as "the elevating feeling we experience when we see a better future, rooted in unalloyed reality." He notes that one should not confuse hope with optimism.[496] For a dying individual, a "better future" may include something as simple as a visit with a grandchild to take place the next day. This visit may give the patient hope for tomorrow. Kübler-Ross teaches that hope perseveres through all of the stages of dying; patients can maintain hope from the moment of diagnosis until the very end.[497] Groopman says "every patient has the right to hope." He sees hope as a chain reaction, each bit of hope makes the next portion of hope easier to attain.[498]

Groopman notes that medicine's uncertainty cannot warrant a definitive loss of hope. Things are too undetermined to lose or gain hope. He says "a tumor has not

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[494] Kahn 68
[495] Corn and Corn 134
[496] Groopman xiv
[497] Kübler-Ross: On Death and Dying 138
[498] Groopman 84, 120

always read the textbook," pointing out that no disease is certain in its outcome. Within that uncertainty, says Groopman, we find hope. Groopman views maintaining hope in the face of adversity as an act of defiance allowing a person "to live his life on his own terms."[499]

However, upon hearing a terminal diagnosis, many patients lose hope entirely. Patients who view a terminal diagnosis as an instantaneous sentence of death lose hope, giving up on relationships and ultimately on themselves.[500] The problem with this, as noted earlier by Kübler-Ross, is that too many patients view the sentence of death, not death itself, as the end to growth. As Kübler-Ross notes, a terminal patient still has much space and many opportunities to grow.[501] Hope acts as the counter to fear. Groopman points out that when fear overtakes the mind, overtaking hope, our minds become stuck in the possible negative outcome. However, when hope overtakes fear, one becomes able to bypass and endure dangers, approaching the remaining time one has left with a positive outlook.[502]

Those around a patient can do a great deal to give a patient hope. If one sees himself as a link in a chain beginning before him and continuing after him, he will maintain a sense of hope and purpose in life.[503] The opportunity to have contact with one who has prevailed and benefited from maintaining hope can inspire a patient to hold on to hope in order to prevail.[504] Kübler-Ross notes that many patients experience the greatest loss of hope when they sense their family, friends, or doctor have lost hope. Conversely,

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[499] Groopman 81, 160, 210-211
[500] Corn and Corn 134
[501] Trelease 37
[502] Groopman 54, 199
[503] Corn and Corn 128
[504] Groopman 119

when a doctor tells a patient that he will not give up on the patient due to a poor diagnosis, the patient gains confidence through the doctor's honesty.[505]

Groopman points to a distinction between false and true hope. While false hope "can lead to immoderate choices and flawed decision-making," true hope "takes into account the real threats that exist and seeks to navigate the best path around them." He points to a middle ground between false and true hope, a place between discussing all of the statistics and giving a patient false hope.[506] It is in this middle ground that Groopman suggests the best type of hope exists.

According to research, a shift in mindset can alter the brain's neurochemistry. Groopman notes that "belief and expectation can block pain by releasing the brain's endorphins and enkephalins, mimicking the effects of morphine." Hope, therefore, may have both physical and spiritual benefits. As the mind's focus shifts away from pain, the mind prevails and pain lessens. In addition to the diminution of pain, Groopman notes that hope can have an important effect on respiration, circulation, and motor function.[507]

Kübler-Ross notes that some patients maintain hope until the very last moment. She believes that when patients stop expressing hope, it often signals that death is imminent.[508] Groopman says hope helps us overcome things we otherwise could not confront, moving us towards a place of healing.[509]

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[505] Kübler-Ross: On Death and Dying 29, 109
[506] Groopman 57, 198
[507] Groopman xvi, 156, 170
[508] Kübler-Ross: On Death and Dying 140, 156
[509] Groopman 177, 212

Section B: The Importance of God/Prayer/Ritual

To People Facing The End Of Life

Jewish tradition provides several means, including prayer and ritual, to help individuals and their families face the end of life. Kübler-Ross notes that when utilized with meaning, the Jewish prescribed rituals that accompany a dying Jewish individual give the individual a necessary meaningful outlet.[510] People look for appropriate prayers and rituals to help them through the end of life.[511]

God can play a variety of roles for the dying individual. Some confront God with anger, others beg for mercy, some question God's motives, and still others deny God's existence. From those with a strong faith in God to those who never thought about God before, many dying individuals will ask the question "Why is God doing this to me?" Some find that the experience of pain brings them to a new or different level of awareness of God. For those individuals, it can be useful to reframe this question from "Why is God doing this to me?" to "How can God help me to bear the pain?"[512] Many dying individuals bargain with God. Some note that bargaining with God, even when the outcome will be negative, can be a powerful coping mechanism, allowing the patient to hold on to hope. Maintaining faith in God and God's plan can help an individual for whom medicine failed.[513] This individual will have something to hold on to, even if it is the faith and hope in a God he doubts or questions.

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[510] Heller 38
[511] Jordan and Kelman 379
[512] Segal 81
[513] Corn and Corn 124, 128

Rabbi Nachman said, "even if all you can say to God is 'Help,' it is still very good." These words may comfort those who feel inadequate or unable to pray.[514] Research proves the powerful effects of prayer on healing.[515] Prayer can anchor a patient and give him strength.[516] Most respondents to the survey conducted by the George H. Gallup International Institute said that they believe that as death approaches, they will want the opportunity either to pray alone, with another's company, or to know that they have someone praying on their behalf. Thirty-nine percent of respondents to this survey said they worry about not having a blessing from clergy or a family member before they die. Since prayer is so important to dying individuals, some suggest that faith communities should encourage their members to pray with those dying individuals in the community.[517]

The Bible contains many examples of prayers for healing.[518] In one instance, King Hezekiah prays to God for his survival; the text tells us that God affirmatively answered Hezekiah's prayers.[519] The Talmud depicts prayer as a conduit for healing.[520] The Shulchan Aruch contains instructions regarding the proper way to pray for healing.[521]

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[514] Segal 85
[515] Corn and Corn 125
[516] Klotz 109
[517] Spiritual Beliefs 7, 13, 35
[518] Biblical examples of prayers for healing include Numbers 12:13, Psalms 6:3, Psalms 30:3, Jeremiah 17:14, 1 Kings 17:17-22, 2 Kings 4:31-35, all cited in "Blessings and Prayers" Encyclopedia of Jewish Medical Ethics vol. 1, (Ed. Steinberg, Dr. Avraham, Jerusalem: Schlesinger Institute, 1988) 104
[519] 2 Kings 20:1-6
[520] Talmudic examples of prayers for healing include Avodah Zarah 8a, Bava Kama 92a, Eruvin 29b, all cited in "Blessings and Prayers" 104
[521] Shulchan Aruch Yorah Deah 335:5

Healing services are contemporary Judaism's recognition of the benefits of prayer for those seeking healing. Healing services may include time for prayers, music, silence, and time for personal sharing, blessings, and saying good-bye. These services can happen communally or at an individual's bedside. According to Rabbi Miryam Klotz, healing services serve as a place where individuals experiencing pain, suffering, and loss, either the ill themselves or caregivers for such a person, can gather together. There, individuals can support one another, deal with dying, and find meaning through Judaism.[522]

It is traditional to say the *Mi Sheberach leCholim* during prayers when the Torah is open in the synagogue. However, today contemporary Jews say this prayer in prayer services which lack a Torah service, in the home of a sick or dying individual, and in the hospital at the bedside of a sick or dying individual. This prayer asks for the healing not only of body, but of soul or spirit as well. Therefore, one reciting this prayer may not seek a cure, but may seek a sense of healing of spirit. This may include the healing of one's spirit as he reconciles his body to the dying process.[523] Often sick or dying individuals feel comforted to know that someone will include their names in the *Mi Sheberach* prayer for healing.[524] The *Mi Sheberach leCholim*, finds itself in a prominent position within the modern Jewish healing movement. The soothing melody of a contemporary composer, Debbie Friedman, no doubt facilitated this process.

Many dying individuals find comfort in the recitation of Psalms. Jewish tradition points to the recitation of Psalms as a means for individuals to find comfort amidst

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[522] Klotz 115-116
[523] Klotz 113
[524] Segal 84

tragedy or crisis.[525] Studying the Psalms can provide comfort and meaning, both for the dying individual and his loved ones.[526] According to Jewish tradition, loved ones should surround a dying individual; studying texts of those who suffered, such as Psalms and Job, which can provide a means of comfort to all present.[527] Studying these texts can also function as a bonding experience for those at a loss for words or those who dodge opportunities to speak about feelings.[528]

Through the entire life cycle, humans find comfort in ritual. This especially holds true for those involved in the final stage of the life cycle. Rituals have the ability to add meaning to the dying process.[529] Participating in ritual gives the dying individual a sense of control. People come to feel as though they have ownership over rituals, and can control how they perform the ritual. It also gives them something to do during the lonely times which inevitably frequently accompany this part of the life cycle.[530] Rosen notes that rituals help families confront the reality of death. He also says that often more significant than the execution of a ritual is its planning.[531] However, modern American Jews too infrequently observe end of life rituals, causing them to miss out on a potentially meaningful experience.[532] Erik Erikson says that the medical revolution, leading to the recent lengthening of the average life span, calls for "reritualizations." He says that these new or improved rituals "must provide a meaningful interplay between beginning and

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[525] Jordan and Kelman 379
[526] Corn and Corn 136
[527] Heller 39
[528] Corn and Corn 136
[529] Corn and Corn 136
[530] Corn and Corn 137
[531] Rosen 96. 147
[532] Jordan and Kelman 375

end as well as some finite sense of summary and, possibly, a more active anticipation of dying."[533]

The Jewish tradition of never leaving a dying individual alone benefits both the dying individual and his loved ones.[534] In a way, it forces all involved to focus on the inevitability of what is to come. It can inspire people to explore the way God, prayer, and ritual can and at times do inform their experience. Patients and those who love them may find a source of comfort in prayer, study, ritual, and a discussion of the Jewish perspective of life, illness, and death.[535]

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[533] Erikson, Erik H. The Life Cycle Completed; A Review, (New York: Rikan Enterprises, Ltd. 1982) 63

[534] Gordon, Audrey. "The Jewish View of Death: Guidelines for Mourning." Death: The Final Stage of Growth". (Ed. Elisabeth Kübler-Ross, United States of America: Simon & Schuster, 1986) 45

[535] Wolpe "Forming New Relationships" 32

Section C: *Viddui*

The *Shema* is one of the most familiar prayers to Jews, from religious Jews to secular Jews. Its words are a part of the *viddui*, confession prayer, said upon one's deathbed. The words to the *viddui* also ring familiar for some Jews, as they are a part of regular yearly liturgy. Reciting these familiar words at a time of turmoil and mystery, just before death, helps dying individuals focus on familiar and comfortable rituals and words.[536] *Viddui* provides a mechanism for one to do a life review and release regrets, coming to a final time of peace. As Eilberg says, it is a time of "closure, farewell, forgiveness, and surrender into God's hands."[537]

The practice of the *viddui* dates at least as far back as the Talmud, and *midrashim* attribute to biblical characters the idea of asking forgiveness before death. According to a *midrash*, just before his death, Moses asks forgiveness from the people, and the people forgive him. The people also ask Moses for forgiveness, and Moses forgives them. They all then weep together just before Moses' death.[538]

The idea of a confession before death was not foreign to rabbinic Jews. The Talmud says that when one is on his way to be executed, they say to him "confess, for such is the practice of all who are executed." It continues by saying that if the one condemned to die does not know what to confess they tell him to say, "may my death be an expiation for all my sins."[539] However, we do not find the text of the *viddui* as we know it today itself set out until the sixteenth century Shulchan Aruch, Yorah Deah

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[536] Gordon 45
[537] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 326. 339
[538] Midrash Tannaim 14-15 as cited in Jordan and Kelman 378
[539] Sanhedrin 43b

338:2. It presents the following formula: one must say to the patient "many have confessed and have not died, and many who have not confessed have died. As a reward for your confession you will live, and whoever confesses has a portion in the world to come."[540] The Shulchan Aruch also instructs that those who suggest to a person that he say *viddui* should tell the patient that this is only in case their hopes for recovery do not come to fulfillment.[541] Whether it is always appropriate to suggest that a dying or very ill individual say *viddui* is a topic of debate. Some say that one should only suggest that an individual say *viddui* when death is definitely approaching, "lest we break his heart."[542] However, others caution that if people wait too long to say *viddui*, and they reach a point of incompetence, the *viddui* may not have the same effects as it could have had the individual participated in the ritual while he was fully alert and aware.[543]

The Shulchan Aruch also informs us that if the dying person is unable to confess aloud, he may confess "in his heart."[544] It is also appropriate for another to recite *viddui* for a person unable to do so for himself as a proxy.[545] Today, additional versions of the *viddui* exist. Jordan and Kelman suggest that if the individual cannot decide for himself, we should choose the language and version of the *viddui* most fitting for the individual.[546]

The *viddui* provides an emotional outlet for the dying individual. The reconciliation with the past achieved through confession prepares the individual to move towards death a more complete and peaceful person than before. When possible, as noted

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[540] Shulchan Aruch Yorah Deah 338:1
[541] Shulchan Aruch Yorah Deah 335:7
[542] "Revealing Information To The Ill Person" 142, Shulchan Aruch Yorah Deah 338:1
[543] "Revealing Information To The Ill Person." 141-145; the text gives no specifics as to what is effected differently when an incompetent patient says *viddui*
[544] Shulchan Aruch Yorah Deah 338:1
[545] Jordan and Kelman 380
[546] Jordan and Kelman 380

above, Judaism stresses the importance of speaking aloud through the *viddui* the burdens carried by an individual through his lifetime.[547] Speaking these things aloud helps the individual to put them behind him. For this reason, many people believe that saying the *viddui* makes people feel better.[548] The caregiver and loved ones of a dying individual can encourage the individual to recite the *viddui* and share with others those things he feels necessary to share before he dies. People can encourage dying individuals to forgive others and forgive themselves, all achievable through utilizing the *viddui* as the catalyst to begin, or end, the conversation.[549] While an individual can recite *viddui* alone, he may choose to recite it with others. In addition, although we encourage dying individuals to recite *viddui*, we respect the wishes of an individual who does not wish to do so.[550]

The primary goal of *viddui* is *teshuvah*, repentance. *Teshuvah* helps facilitate the feelings of calm and closure.[551] More than half of the respondents of many faiths questioned by the George H. Gallup International Institute said that they worry about receiving God's forgiveness before they die.[552] In speaking about *teshuvah*, Eilberg says that the intention to repent can do wonders to the perspective held by others of an individual. Others, and perhaps also the individual, will see the individual's wrongs in a different light once the individual resolves to repent. True apologies have the potential to

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[547] Klotz 117
[548] "Revealing Information To The Ill Person" 141-145
[549] Klotz 118
[550] Jordan and Kelman 380
[551] Corn and Corn 127
[552] Spiritual Beliefs 34

transform memories.[353] This ultimate form of *teshuvah*, achieved through *viddui*, has the potential to reconcile past hardships and change the way people surrounding a dying individual will remember him.

Viddui can facilitate otherwise neglected conversations. It can encourage a dying individual or his loved ones to say "I'm sorry" when they otherwise may not have. It can bring up forgotten instances that would remain unresolved following the individual's death. It can also bring up notions of religion or spirituality, facilitating conversation about a patient's thoughts and wishes regarding religion. Its familiar words and ritual provide the dying individual with a sense of comfort which may be otherwise foreign to his last frightening days.

[353] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 331

CHAPTER XIV: THE PSYCHOSOCIAL AND SPIRITUAL ISSUES FOR FAMILIES FACING THE END OF LIFE

Section A: The Impact Of Death On Families

According to the Bible, when Aaron's children perish, he responds with silence.[554] The rabbinic tradition cannot deal with Aaron's silence. The *midrashic* tradition imagines an Aaron angry with, crying out to, and blaming God.[555] Upon examining the impact of death on family members, one learns that neither the rabbinic nor biblical tradition painted an unrealistic picture. The dying process affects not only the dying individual, but his family as well, both directly and indirectly.[556] Evidence shows that death is a "systemic process" in which all family members participate in ways reinforcing one another.[557] Each family member will experience the process in his own individual way, but families facing death must deal with more than the pure loss of a family member.[558] While the loss of a family member is a shared loss for the entire family, the emotions expressed by individuals within the family may vary.[559] As terminal illness sets in and takes its course, relationships among involved family members change; new ones form, old ones dissolve. Because families experience illness and death together, people should not limit *bikkur cholim* to the sick or dying individual alone.[560]

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[554] Leviticus 10:3
[555] Pesikta Rabbati 47 189b as cited in Jordan and Kelman 375-376
[556] Corn and Corn 121
[557] Brown 457
[558] Waxman, Stephanie. A Helping Hand Book; When A Loved One Is Critically Ill, (United States: Marco Press, 2000) 3. Rosen 7
[559] Rosen 97
[560] Wolpe "Forming New Relationships" 27, Wolpe "Families and Treatment Decisions" 67, For more information on *bikkur cholim*, see the chapter on *Bikkur Cholim*

Elisabeth Kübler-Ross' theory of the dying process, discussed above, also has applications to the way families respond to a loved one's dying process. Elliott Rosen and Stephanie Waxman both theorize about the impact of death on families. Though the three agree about some of the family's typical responses, their theories are not interchangeable.

Rosen reminds us that family "is not merely an assemblage of individuals." He notes that members of a family are intricately involved with one another in "constantly interactive and mutually reinforcing" ways. He says because no one can ever truly leave a family, family is the most emotionally connected system. Rosen states that families primarily aim to maintain a homeostasis allowing for a "reasonable degree of function and comfort for everyone."[561] Families strive to limit emotional tension and maintain equilibrium. However, death and serious illness within a family cause a disruption in this equilibrium. It appears that it is more difficult for families to adjust to death than to any other change within the family system. In an attempt to maintain the family's equilibrium, individuals often respond to death in the way they believe will have the least impact on themselves and the family unit.[562]

In comparing open and closed family systems, Rosen says that open systems will experience less stress over death, as they allow for less complicated entrances to and exits from life. Closed family systems have a much more difficult time dealing with and discussing imminent death. He also notes that deeply "enmeshed families," have a tendency to overreact to serious illness, whereas "disengaged families" under react or

[561] Rosen 9, 17, 19
[562] Brown 457-458

appear not to react.[563] Having an understanding of the different types of family systems can help one understand the impact of death on families.

In addition to understanding family systems, one should have a good understanding of the family's "personality." The family's "personality" is the way the family normally functions under normal conditions.[564] Rosen says "history is the best predictor of how families will react to crisis."[565] Brown agrees, saying specifically that the way families dealt with past deaths helps indicate how they will deal with impending deaths. However, families do not always believe that the way they dealt with past deaths is significant for an impending death, so they do not always volunteer this information at first. Not dealing with past losses greatly impedes a family's ability to move on or deal with impending losses.[566] Rosen says that understanding the influence of the past on the family's ability to deal with the present will help families make necessary changes to allow them to deal with the present.[567]

Rosen also indicates that ethnic identity underscores the family profile. Some family members will claim that they do not identify with their ethnic roots and therefore the ethnic roots do not affect the individuals. Rosen cautions however that families often prove this to be untrue; ethnic behaviors survive well beyond the time a family or its individual members may abandon a belief system.[568] The ways families approach a death will repeat over time.[569] When faced with death, families often find themselves seeking a

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[563] Rosen 22-24, 26-27
[564] Corn and Corn 129
[565] Rosen 32
[566] Brown 461-462
[567] Rosen 7
[568] Rosen 159, 161-162
[569] Brown 478

return to tradition, sometimes desiring to participate in rituals or customs whose historical basis may no longer seem relevant to the family.

As explored previously, individuals facing death experience several stages of the dying process. Kübler-Ross says that family members undergo similar stages when faced with the approaching death of a family member.[570] The difficulty this often presents is that while the family experiences stages such as grief and confusion, the dying individual needs the family to serve as a source of strength.[571] At the same time, Kübler-Ross notes that sometimes the dying person helps his family come to terms with his impending death.[572]

Families may also feel regret. Waxman says families may feel regret about past experiences with the dying individual, regret about decisions made regarding the individual's course of treatment, or regret that they may not have another chance. She also says that family members need to maintain hope; hope that conditions will improve, hope that the process will soon come to an end, or "hope for a final hand-squeeze." Waxman notes that the suffering and worry which fill family members may make it difficult for them to compassionately empathize with the dying individual.[573] On the same topic, Rosen says that families initially experience shock upon learning of a member's terminal illness. Following shock, he says that families begin a phase of "adjusting to the new circumstances of living with fatal illness." This includes taking on

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[570] Kübler-Ross: On Death and Dying 168-170
[571] Wolpe "Forming New Relationships" 29
[572] Kübler-Ross: On Death and Dying 161
[573] Waxman 15, 19, 23

new roles such as that of caretaker; caretaker of the dying individual and sometimes caretaker of other family members.[574]

Just as individuals facing death experience denial, so do families facing the death of one of their members. Society's denial of death impacts the likelihood of the family denying death's approach.[575] Family members not only deny death's imminence, but also deny the differences in emotion and attitude among their members. This second form of denial is the phenomenon of "pseudomutuality."[576] Family members often refuse to believe that a loved one is incurable, contributing to the sense of denial. Upon learning that doctors can offer a patient no cure, family members often feel angry, scared and powerless.[577]

Along with denial, fear is a natural response to serious illness.[578] Waxman encourages bringing family member's fears out into the open. She stresses that naming fears does not make fears occur, but makes the fears "lose their power." Feelings of powerlessness and helplessness often plague family members of terminally ill patients. Waxman notes that until families accept that some things are out of their control, they cannot move beyond them.[579] However, family members have a tendency to allow the doctors and hospitals, those they see as trained in matters of death, take over. This allows family members to distance themselves from death, but also puts the family in a position

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[574] Rosen 79
[575] Brown 457
[576] Rosen 81
[577] Corn and Corn 139
[578] Rosen 77
[579] Waxman 11, 27

where some might see them as "less capable." This only contributes to their feelings of helplessness and powerlessness.[580]

Families have more difficulty with an angry dying individual than with one who is in denial. When angry, a patient who receives attention, according to Kübler-Ross, will decrease his yelling and misdirected anger. However, when the individual is angry, family members often attempt to avoid visiting the patient. This only complicates the situation.[581]

Rosen speaks about families going through a stage of anticipatory grief, grief occurring over a dying person while he is still alive, in anticipation of his death. Like most other emotions experienced by the family, whether the family will experience anticipatory grief depends on the family system itself. The amount of time available to grieve before the patient dies also affects the potential for anticipatory grief. Sometimes the patient himself will begin the process of anticipatory grief, helping the family to experience it with him. Rosen says that it is especially likely for the patient himself to begin the process of anticipatory grief when the patient serves a central emotional and functional role within the family.[582]

Like dying patients, families may also experience the stage of acceptance. Not all families enter the stage of acceptance before death occurs. When a patient does enter the stage of acceptance, the family may perceive it as the patient's a rejection of them. Kübler-Ross stresses that families need to understand that acceptance is a natural part of the dying process, and that the dying individual does not reject his family. When the

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[580] Brown 458
[581] Kübler-Ross: On Death and Dying 50-52
[582] Rosen 84-85, 103

patient experiences the stage of acceptance before the family, another difficulty occurs. The patient will have a more difficult time facing death peacefully. This is especially true when the family still finds itself in the stage of telling the patient "you have to get better."[583] Helping a family to move towards a stage of acceptance will facilitate a peaceful end for all involved.

The family also experiences guilt. Guilt stems from two main sources: past occurrences and present occurrences. People tend to feel a great deal of self-blame when a loved one dies. This occurs especially when family members can remember saying or thinking "I wish you were dead" to a dying family member, or when they can remember fighting with the dying individual. They feel guilty for having feelings of anger and jealousy, and for remaining alive as their loved one dies. Some may experience the guilt-provoking feeling of anger towards the patient for the impending desertion of his family.[584] Prolonged periods of caretaking may lead family members to secretly question, "when will this be over?" This unavoidable question gives rise to feelings of guilt as well.[585] Families often experience the feeling of "I could have done more." This too provokes feelings of guilt, both through the process of watching a loved one die, and afterwards as the family reviews the process.[586] Family members will also experience feelings of guilt for unresolved past issues. These include missing past opportunities as well as unresolved conflicts.[587]

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[583] Kübler-Ross: On Death and Dying 116, 176
[584] Kübler-Ross: On Death and Dying 3-4, 164
[585] Rosen 80
[586] Behoref Hayamim: Wolpe 73
[587] Kübler-Ross: On Death and Dying 169, Behoref Hayamim: Wolpe 73

The loss of a family member can strengthen some familial relationships. At times, a long illness, though draining, can have positive effects on family relationships.[588] Spending time together with a dying loved one provides time for families to come together.[589] Dorff points out that the time a family spends with a dying loved one can be the final gift they give to one another. He therefore says that emotionally, these may be the most significant days of the individual's life.[590] Eilberg notes that we seem to value what we know we will soon lose, placing a special possibility on the last days or weeks a family spends with a dying individual.[591] Frequently, those surrounding the dying individual arrive at a new awareness of the values of family, friendships, and beliefs.[592]

Though the final time spent with a dying individual has the potential to be emotionally meaningful, it also has the potential to be emotionally draining on a family. The family often needs to come to decisions regarding care of the dying individual, and this does not always happen with ease. Family members may deeply disagree regarding decisions, causing more strife in an already difficult situation. If a decision made by a family member results in a negative outcome, the memory of the decision can trouble the family in the future.[593] When a patient has made his wishes known before the illness begins and his decisions are unacceptable to a family member, further problems arise. The family as a whole may find itself overcome with anger and hostility.[594] A lack of openness during a time of decision-making can result in a difficulty in long-term

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[588] Jacob and Zemer: Cutter 80
[589] Wolpe "Families and Treatment Decisions" 76
[590] Dorff 195
[591] Eilberg "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" 333
[592] Corn and Corn 135
[593] Kavesh "Taking Control of Difficult Decisions" 17
[594] Rosen 78

adjustment by the family after a death. Brown defines openness as "the ability of each family member to stay nonreactive to the emotional intensity and communicate feelings without expecting others to act on them."[595]

Judaism highly prizes "*sh'lom bayit*," "peace in the home." This is especially true at highly stressful times, such as the imminent death of a family member.[596] Keeping peace within the family helps guarantee family stability, necessary both for the time of decision-making before death and for the time following the death. It is therefore important for families to work through disagreements constructively, supporting one another's dignity.[597]

In some cases, families have either a family-designated or self-designated sole decision-maker, and in others, families make the decisions together. Though family decision-making presents numerous challenges, decision-making together as a family provides an advantage. Both American society and contemporary Jewish writing support the notion that when an individual can no longer make decisions for himself, families are best qualified to make decisions for him. The presumption is that the family knows the individual best and will keep the individual's best interests in mind while making decisions for him. Most advisable is for family members to utilize the method of shared decision-making early in the process. This will enable them to learn to deal with each other, learning to compromise and work things through with one another early.[598]

Death places a great deal of stress on families. Brown cites the stress placed on a family by a long illness resulting in an expected death as the major challenge for families.

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[595] Brown 472
[596] Wolpe "Families and Treatment Decisions" 77
[597] Teutsch 10
[598] Wolpe "Families and Treatment Decisions" 70-71, 77

The permanent state of uncertainty in which family members in this situation exist takes an emotional toll on the family. Financial burdens of a long-term illness contribute to this stress as well. The helplessness felt by family members increases this stress. As an elderly family member dies, the next generation confronts its own mortality. This process leads to increased family stress. At times when families or individuals do not deal with the stress or tensions they face, issues separate from the issue at hand arise.[599]

In the book of Genesis, Jacob offers a blessing to his sons as he prepares to die. Following this, Jacob is ready to die.[600] When friends or family have the opportunity to say goodbye to a dying individual, they feel a sense of closure. When a dying individual has the opportunity to say goodbye, all involved frequently arrive at a place of comfort. This final goodbye can include, but is not limited to, a review of time spent together, examination of the meaning of a relationship, resolving past difficulties and unresolved issues, and indicating thankfulness for having shared the relationship.[601]

The dying individual and his family do not always agree on the degree of openness with which family members should discuss his dying.[602] At times, it appears that communication between family members and dying individuals is limited as death approaches. Brown notes that this is often done with the hope that it will protect either party from anxiety.[603] Kübler-Ross speaks about the value of allowing family members to talk, cry, and scream, helping the family to process their thoughts.[604]

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[599] Brown 463, 470, 478
[600] Genesis 49:33
[601] Corn and Corn 135
[602] Corn and Corn 121
[603] Brown 470
[604] Kübler-Ross: On Death and Dying 179

One should also consider the relationship of the family to the patient's doctors. Kübler-Ross says that doctors must include the patient's family if they wish to help the patient in a meaningful way.[605] In addition, family members should understand the importance of working together with the medical staff for a patient's care. Family members may misdirect their anger towards the medical staff, potentially a harmful move.[606] Communication between doctors and family members at times can be more important than communication between doctors and the patient.[607] Families have a need for reassurance from doctors. They feel encouraged when they hear that doctors will do everything possible for a patient, be it to lengthen life or reduce suffering.[608] Recently, society has shifted responsibility of caring and decision-making for dying individuals from doctors and hospitals to the patient and the family.[609] Much of the care and decision-making happens best when done in collaboration between the doctors and family members, and includes the patient when possible.

Death has a great and lasting impact on families. Families emerge from death with relationships changed; sometimes for the better and sometimes for the worse. Rosen identifies the family's values and beliefs, the character of the illness, the length of time from its onset to death, the role the dying individual played in the family, and the functioning of the family before the onset of the illness as factors which affect the way a family confronts illness and death. He especially notes that unexpected losses may emotionally cripple and devastate families. The impact lasts not only for those present at

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[605] Kübler-Ross: On Death and Dying 157
[606] Corn and Corn 140
[607] Wolpe "Forming New Relationships" 36
[608] Kübler-Ross: On Death and Dying 30
[609] Brown 459

the time the family member dies, but into the larger family and its future. Murray Bowen calls the multi-generational impact of death an "emotional shock wave."[610]

Perhaps most important to note is that although the dying patient's problems end, the family's problems continue. Open discussion before death occurs can be vital to the healing of a family after death occurs.[611] The presence of family at a dying individual's bedside through an illness can be very difficult, but its impact can benefit the dying individual and may have long-lasting rewards for the family.

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[610] Rosen 52, 56, 72, 110
[611] Kübler-Ross: On Death and Dying 160

Section B: Family Position And Its Impact On Death

At any one time, almost all members of a family, excepting perhaps children, find themselves in more than one stage of the family life cycle. One's family position, gender, and the role he plays within the family impacts his experience when a family member dies, and affects how the family will react upon the individual's death. Families with rigidly fixed roles for their members have a more difficult time realigning themselves and family member's roles following a death.[612] In order to understand the impact of serious illness and death on a family, one needs to understand the family's issues and tasks through different stages in the life cycle.[613]

Brown defines one's significance to the family "in terms of the functional role in the family and degree of emotional dependence of the family on the individual." The more significant the dying family member's role is in the family, the greater the chances that a "ripple effect" through the generations will follow the death.[614] When serious illness or death strikes a "key" family member, the family must regroup and reassign its tasks among the remaining members.[615] This task itself is often very difficult for families. When death affects the person whose family function is that of caregiver, roles frequently reverse, causing additional upset and confusion. This is true both if the family caregiver dies or if death of another family member impacts the caregiver greatly. For example, when a mother who serves as caregiver for her husband and children loses a parent, her children may experience confusion as they watch their normally "strong" mother lean on her husband for emotional support.

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[612] Rosen 52, 99
[613] Brown 469
[614] Brown 474
[615] Corn and Corn 130

Historically, women often function as caretakers within the family. When a woman does not desire to act as sole caretaker, she may experience feelings of guilt for not fulfilling her expected gender-specific role. Often females act as the at-home caretakers for the ill. The changing role of women within the family and society today affects the way families deal with caretaking. According to Brown, just as we ask today "who will care for the children?" we also must ask "who will care for the ill and dying?"[616]

The stage of life of a dying family member has great impact on how the remainder of the family will deal with the illness and death. When death occurs before birth, including stillbirths, abortions, and miscarriages, the death occurs before a mutual relationship is established. This fact separates losses which occur before birth from all other deaths. Throughout the pregnancy, family members create hopes and expectations of the yet unborn child. Brown notes that these hopes and expectations do not necessarily die with the death of the unborn child, but rather that they continue onwards. In order to separate from these hopes and expectations, she suggests terminating the process in a solid way such as seeing the stillborn baby when possible, and participating in grief work.[617]

Most people view the death of a child as life's greatest tragedy.[618] This stems from the fact that a child's death is out of sync with expected life cycle events of childhood. The impact of a child's fatal illness on a family is so great because the child is already the family's central emotional focus. Parents have an especially difficult time

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[616] Brown 458-459
[617] Brown 470-471
[618] Brown 466, Rosen 64

coping with the loss of a child because they frequently view the child as the extension of their hopes and dreams. When the child dies, they lose that extension of their hopes and dreams as well as their child.[619] Rosen notes that parental grief is rarely if ever resolved.[620] The death of a child often leaves a significant impact on the spouses' relationship. Separation or divorce results from seventy to ninety percent of cases in which a hospitalized child dies.[621] Additionally, the death of a child leaves each family member uncertain of his own safety.[622] Brown notes that the illness and death of an adolescent further complicates an already complicated phase of life. During adolescence, parent and child together experience a mutual weaning process. Death of an adolescent disrupts and terminates this process, further complicating the loss.[623]

The most disruptive deaths to a family involve those in which the dying individual is in life's prime. This stems from the fact that generally, at this stage in life, the individual has the greatest amount of responsibilities.[624] Death of a parent seriously affects both the family of origin and his family of choice. The death of a young parent is inconsistent with the expected events of this life cycle phase.[625] Also, serious illness and death of a parent with an adolescent child disrupts the mutual weaning process.[626]

When children must confront the death of a family member, questions about how to deal with the child arise. Important to consider are the child's stage of cognitive

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[619] Brown 466
[620] Rosen 64
[621] Brown 467
[622] Rosen 64
[623] Brown 468-469
[624] Brown 464
[625] Rosen 52
[626] Brown 465

development and his maturity.[627] When the parent of a young child dies, it is vital for the child's adjustment for the surviving parent to show his emotions and share the child's grief.[628] When older children or young adults face the impending death of a parent, different complications arise. Children put into positions of caretaking for their parents find themselves in a reversal of traditional roles.[629]

When one sibling experiences the illness or death of another sibling, the surviving sibling finds himself impacted by his position in the family with regards to the dying individual. Differences in responses from one situation to another may be due to the length of time the dying individual suffers, the extent to which one could have prevented the death, and the age of the surviving siblings. Siblings often resent the amount of attention the dying child receives, and then experience guilt for their resentment. Children who lose a sibling or experience his terminal illness may experience behavioral challenges, depression, even suicide. Brown notes this to be especially true for a child next in line.[630] Rosen says that the death of a sibling brings up fears and uncertainties about the surviving sibling's health and security.[631]

One spouse losing another is the life event bringing on the greatest deal of stress, according to Holmes and Masuda.[632] One of the difficulties presented by a spouses' serious illness is that one individual may find himself in a decision-making position for his spouse where they used to make decisions as a couple.[633] The surviving spouse is

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[627] Corn and Corn 133
[628] Brown 466
[629] Wolpe "Families and Treatment Decisions" 66
[630] Brown 467-469
[631] Rosen 66
[632] Brown 466
[633] Wolpe "Families and Treatment Decisions" 66

most profoundly affected by death when the couple is in the phase of life when the children have left home and they look forward to retirement. In this situation, the surviving spouse is most vulnerable to suicide and serious illness.[634] Though painful for a dying spouse to say and painful for the surviving spouse to hear, giving a surviving spouse permission to remarry after a one's death gives the surviving spouse permission to grieve the loss and remarry with his spouse's blessing.[635]

The impact of death on families is significant regardless of the life cycle position of the dying and surviving family members. In most cases, when the dying individual is farther along in the life cycle, the degree of family stress will decrease. The effects of serious illness and death affect the life-style of the entire family, putting stress on every type of family.[636]

[634] Brown 465
[635] Corn and Corn 136
[636] Brown 463

Conclusion

Judaism provides more than one answer to many questions, and this is especially true of the questions we face at the end-of-life. In order to provide maximum Jewish Caring for an individual facing the end-of-life and his loved ones, understanding this concept is vital. Through looking at our Jewish texts, both ancient and modern, we find a myriad of different approaches to end-of-life issues, all within a Jewish framework. In today's age of increasing life spans and increasing medical possibilities, we must draw on the teachings of our past to guide us as we move towards the future.

Perhaps the most important Jewish teaching to remember when facing end-of-life issues is to keep the question open. We must acknowledge that these questions bring with them more than one possible, or even correct, answer, and that the choice one makes today may not be the choice he is comfortable with tomorrow. The process of keeping the question open within Judaism began with the Talmud, which contains not one final answer to its many questions, but many different opinions of its rabbis. Differing opinions regarding who owns our bodies, and who, God or physician, has the right to heal, form the basis of the Jewish debates about end-of-life issues. Even the Jewish obligation to heal or save life has its share of different opinions surrounding it.

The Jewish *halakhic* definitions of the states of *terefah*, *gesisah*, and the definition of the moment of death bring with them much debate. Opinions on these matters have changed over time and across the Jewish spectrum, and as the medical revolution continues, they may continue to change. Perhaps the greatest debate today, both in the medical and in the Jewish world, surrounds whose right and decision it is to end life. This debate builds on the debate over who owns our lives in the first place. The different

methods available to end life, including suicide, active euthanasia, passive euthanasia, and physician assisted suicide, have received a great deal of press of late both in the medical and Jewish worlds. Addressing these questions requires one to look not only at the Jewish views, but on the impact death will have on those one leaves behind. Another option firmly rooted in Jewish tradition is the option of hospice care for one whose death is imminent but who will continue living.

In some cases, the family is very involved in end-of-life decisions. This is especially true when an individual dies without making his wishes known. Families often need to address whether to donate one's organs and whether to donate one's body to science, topics about which Judaism contains a great deal of information. Looking to the plethora of Jewish opinions available on these and the many topics accompanying the end-of-life can guide individuals and their families as death nears.

No mortal lives and never dies. For some death comes earlier than others, and for some it comes with more warning. Because we all know only that we will die, but not when or how, opening up conversations about the end-of-life before it is too late becomes a pressing issue. Judaism has always contained a tradition of leaving loved ones an ethical will. In our age of increasing medical decisions, Judaism now stresses the importance of creating advance directives to make our decisions known if we are unable to do so. The content of these documents causes much debate.

For centuries, Judaism has placed an importance on *bikkur cholim*. While in the past Jews lived in such a communal structure that *bikkur cholim* was a part of expected daily life, today the Jewish community is often structured around the synagogue. For this reason, the formation of effective *bikkur cholim* committees within the synagogue helps

us fulfill both this Jewish obligation and this Jewish need. To serve on a *bikkur cholim* committee, Jews need no formal training, only a desire to fulfill this *mitzvah* and a desire to help other Jews in need. Even with that as the case, having the expertise of a clergy member/chaplain enhances the experience and effectiveness of the *bikkur cholim* committee.

Judaism has always taught that we should not leave a dying individual alone. As our medical capabilities give us greater ability to prolong life and people spend more and more time on their deathbed, potentially alone, this Jewish teaching becomes all the more relevant. Judaism also teaches that even when *refuat haguf* is no longer possible, *refuat hanefesh* is. *Refuat hanefesh* is possible not only for the dying individual, but for his loved ones as well. The obligation to visit the sick and dying follows from the Jewish teaching not to leave dying individuals alone. Our tradition contains some guidance as to how to make this potentially scary visit. For example, it places importance on making physical contact with the dying individual, teaching that one need not have all of the right words to say, but that a hug or handshake can make all the difference to one whose most frequent contact is with doctors with latex gloves and the machines surrounding them.

Dying individuals have unique emotional needs, and as Elisabeth Kübler-Ross enumerates, travel, though not necessarily in sequential order, through stages of the dying process. Each individual deals with death in his own unique way. By acknowledging each individual's place along this journey, visitors and chaplains can help dying individuals as they experience the dying process. Asking dying individuals to give their opinion on seemingly small matters helps give dying individuals a much-welcomed sense of control and choice. Those surrounding a dying individual must also confront the

question of how much to reveal to their loved one about the imminence of their condition. They must strive to find a balance between withholding information from intelligent individuals whom they love and respect and revealing so much that an individual gives up all hope from the very beginning of an illness. As studies have shown, maintaining a sense of hope and of positive thinking can have a positive influence on the healing process.

For as long as there have been Jews, there have been Jewish traditions that surround the dying process. Perhaps the best known of these is the *viddui* prayer one says when death is imminent. Some find this to be a positive emotional experience, using this as an opening to begin to settle unfinished business. For some, Jewish rituals and prayers, along with a belief in God, can provide the ultimate source of comfort.

Every individual facing the end-of-life comes with his own unique needs. Some bring with them family structures and memories of past losses within the family. Others bring with them family and friends. In some cases individuals lie on their deathbeds alone, sometimes for years, and in other cases individuals bring an entire family with them on this final journey. Some enter life's last stage as observant Jews who wish to follow their understanding of the letter of the law, some enter with no concern for Jewish practice whatsoever. Yet others find that when faced with the prospect of death, their previous view of religion is turned upside-down, and while they once professed to care little about Jewish rituals, they want the chaplain's blessing on their decisions. For some, their new fate causes a complete loss and rejection of God and Jewish ritual. The role of the pastoral care giver is to be present with people and their loved ones in these precious

moments. Having a holistic approach to families and understanding their past helps pastoral care givers help the family deal with death in the present and in the future.

Over the years, Judaism has produced a great deal of literature on end-of-life topics. As the modern medical revolution continues, we will develop more opinions, produce more literature, and create new ways to confront this topic. From a liberal perspective, perhaps the area in which we could put the greatest deal of work is in the area of *bikkur cholim*, especially in forming *bikkur cholim* committees as a standard committee within each synagogue's framework.

The model utilized by Temple Chai in Phoenix, Arizona is a very unique and apparently successful model, as is Janet Offel and Wendy Bocarsky's proposal to reframe *bikkur cholim* initiatives as teams, rather than committees. One model for a *bikkur cholim* committee is that the synagogue could view the committee as a class, rather than a committee. Committee members might be required to take ongoing classes with the clergy and social workers, similar to the model utilized by Temple Chai in Phoenix. Clergy could facilitate conversations on the topics covered in the part of this thesis entitled "Jewish Choices" while social workers could facilitate conversations on the topics covered in the part of this thesis entitled "Jewish Caring." As committee members engage in visits to the sick and dying, it would be necessary for the congregation to provide ongoing support, through both clergy and social workers. While making a visit to the sick, any of the ethical questions discussed in part one of this thesis could arise. It is important for those who participate in *bikkur cholim* committee models to understand that they should function as a presence while patients and their families make end-of-life decisions, but should not lead the individual or family towards any particular decision.

The average *bikkur cholim* committee member is not equipped to guide the conversation, only to bring up the topic. The committee members, especially if the particular *bikkur cholim* committee engaged in ongoing education, would be equipped to provide sources for individuals and families to make end-of-life decisions, and to engage in a conversation with them. However it is important for committee members and visitors to realize that they should not make decisions for individuals and their families, and that it is the clergy who is best trained to guide people through these decisions.

Too often when faced with death, individuals assume they must take the strictest *halakhic* path, and do so sometimes out of ignorance that other valid Jewish opinions exist. By learning about all of the Jewish perspectives on these issues, *bikkur cholim* committee members could help people make end-of-life decisions by providing them with the most information available. Starting the *bikkur cholim* committee off on this holy path would be best facilitated with skilled lessons by the synagogue's rabbi, cantor, or area chaplain with expertise in these areas. Forming active *bikkur cholim* committees to help individuals and their loved ones as they enter life's final stage can help entire communities join together as they provide Jewish caring for people making Jewish choices.

End Of Life: Jewish Choices and Jewish Caring
A Curriculum For Bikkur Cholim Committees: Curricular Outline

Part I: Jewish Choices

Unit 1: Introduction
- Lesson 1: Viewing Death as A Part of Life

Unit II: The Role of God and The Role of the Physician
- Lesson 1: Who Owns Our Bodies
- Lesson 2: God vs. Physician As Healer*
- Lesson 3: Importance of Life and The Obligation to Heal or Save It

Unit III: *Halakhic* Issues Leading Up To and At Death
- Lesson 1: Definition and Treatment of *Terefah/Gesisah*
- Lesson 2: Defining the Moment of Death*

Unit IV: When Death Looks Better Than Life
- Lesson 1: Whose Right and Decision Is It To End Life
- Lesson 2: Overview of The Methods Available To End Life
- Lesson 3: Suicide
- Lesson 4: Euthanasia
- Lesson 5: Removing the Impediment to Death
- Lesson 6: Withholding or Withdrawing Artificial Nutrition and Hydration
- Lesson 7: Withholding or Withdrawing Artificial Respiration
- Lesson 8: Physician Assisted Suicide

Unit V: When There Is Still A Little Life Left
- Lesson 1: Hospice

Unit VI: Giving the Gift of Life When One's Life Is No Longer
- Lesson 1: Organ Donation*
- Lesson 2: Donating One's Body to Science

* indicates sample lesson included in thesis

Part II: Jewish Caring

Unit VII: Introduction
- Lesson 1: Starting the Conversation Before It Is Too Late

Unit VIII: *Bikkur Cholim*
- Lesson 1: Obligation to and Importance of *Bikkur Cholim*
- Lesson 2: *Bikkur Cholim* Committees
- Lesson 3: Clergy/Chaplain's Role With The Dying And Their Families

Unit IX: Making the Visit
- Lesson 1: Visitor as Support System – *Refuat haNefesh*
- Lesson 2: What To Do, What To Say, When Making A Visit To One Nearing Death
- Lesson 3: The Importance of Physical Contact

Unit X: What Families and Visitors Can Do for the Dying Individual
- Lesson 1: Giving the Dying Individual a Sense of Control and Choice
- Lesson 2: How Much to Reveal to the Dying Individual*

Unit XI: The Practical Considerations for the Individual Facing the End of Life
- Lesson 1: Advance Directives: Health Care Proxies and Living Wills
- Lesson 2: Ethical Wills

Unit XII: The Psychosocial Issues for the Individual Facing the End of Life
- Lesson 1: The Emotional Needs of the Dying
- Lesson 2: Kübler-Ross's Emotional Stages of Dying*

Unit XIII: The Spiritual Issues for the Individual Facing the End of Life
- Lesson 1: The Importance of Hope and Positive Thinking
- Lesson 2: The Importance of God/Prayer/Ritual to People Facing the End of Life
- Lesson 3: *Viddui*

Unit XIV: The Psychosocial and Spiritual Issues for Families Facing the End of Life
- Lesson 1: The Impact of Death On Families
- Lesson 2: Family Position and its Impact on Death

* indicates sample lesson included in thesis

UNIT II: THE ROLE OF GOD AND THE ROLE OF THE PHYSICIAN:

LESSON 2: GOD VS. PHYSICIAN AS HEALER

Time Frame: This is a one hour class within an ongoing course

Intended Class Makeup: *Bikkur Cholim* Committee Members, 10-20 adults

Lesson Overview: Through this lesson, *bikkur cholim* committee members will become equipped with the tools to help an individual or family tackle the age-old question of who has the ultimate right to heal, God or the physician. The answer to this question has changed throughout Jewish history. As with all questions this committee faces, Judaism should guide the way, and *bikkur cholim* committee members should facilitate conversations, but the final choice in belief belongs to the individual or family in question.

Enduring Understanding: Judaism teaches that both God and physicians possess the ability to heal, the question is whose right it is to do so.

Essential Questions:

1) Does the bible view God as healer?
2) Does the bible view physicians as healers?
3) Does early rabbinic literature view physicians favorably?
4) Does later rabbinic literature and rabbinic opinion view physicians favorably?
5) Does God or the physician have the right to heal?
6) Is there some compromise by which we can look to both God and physicians as healers?
7) How can we help facilitate people's decision-making without showing our bias?

Approach:

I. The rabbi and educator welcome everyone back to the next in the *bikkur cholim* committee's course. Fruit and muffins are put out in the middle of the table, and after a brief check-in to see how everyone's week has been, they ask for four volunteers for this week's role play.

II. Role Play (on attached sheets)

III. Educator thanks those who volunteered to participate in the role play and tells everyone to take a 10 minute break before they regroup to discuss the role play.

IV. Discussion facilitated by educator and rabbi:

1) Prior to the role play, what were your understandings about the role of God and the role of the physician in healing?
2) How did the role play make you feel, what issues did it bring up for you?
3) Were you surprised at the variety of opinions and how much thought has been given to this topic through the course of Jewish history?
4) How might you use the information you now have to make a decision?
5) How might you use the information you now have to help another make a decision?
6) Remembering what we've discussed in the past about our role as conversation facilitators and not as decision-makers, were there any points in the role play where you felt like, if this were a real situation, you would not have been able to hold your tongue?

7) Before we send you off to make visits to congregants, are there any questions you have about God vs. the Physician as healer?

V. Closing

a. Hand out the "God Vs. Physician As Healer FAQ's" to committee members

b. Take any last questions

c. Join together in closing class prayer: "May the Source of Strength give us the strength to fulfill the mitzvah of *bikkur cholim* to those in our community in need of healing. May we open conversations for them and serve as Jewish resources without pushing our personal views on them. May we serve as ears to our co-committee members as we learn to do this holy work together. May we serve as a source of their strength in partnership with the Holy Source of Strength. *Baruch Atah Adonai, Rofeh ha'Cholim.*"

Materials: Four copies of the role play, copies of the "God vs. Physician as Healer FAQ's" for all committee members.

"God vs. Physician As Healer" Role Play

JOSH: Mom, I'm telling you what I learned about when I studied at yeshiva. We all hate that your cancer has progressed this far, but it's not up to the doctors to try and save you, it's in God's hands. Uncle Billy suffered for so long because the doctors kept pumping him full of drugs, but they were only trying to do God's work, they had no right to do so, and I'm not going to let them do that to you too.

DALIA: Josh, I appreciate your concern. But don't you think that there's something to the fact that doctors have been treating patients for centuries?

JOSH: Yeah, I think the health care industry found a gold mine.

DALIA: Well two of my friends from the synagogue who are taking part in their new *bikkur cholim* committee class are coming by in a few minutes – I want you to hear what they have to say.

JOSH: Anything for you mom – you know I love you, I just don't think that death is something to be toying with. When a Jew dies, we say, "*Adonai natan v'Adonai Lakakh*," "God has given and God has taken away," – not "the physician gives life and the physician takes it away."

DALIA: Well look, here they are – Pearl, Zachary, come in.

PEARL: Hi Dalia, Joshua – how are you both feeling today?

DALIA: Can't complain, I'm here, right?

JOSH: We're ok, thank you for coming to see my mother.

ZACH: We're glad we could be here, Josh, how are things at the office?

JOSH: Oh they're ok, my boss has been very understanding about my being here so often.

DALIA: I always knew my boy would be successful. Pearl, Zachary, will you settle something for us?

PEARL: Sure, we can try. And we bring greetings from the whole synagogue, everyone has been asking about you.

DALIA: Oh, that's sweet. Ok, tell them Josh.

JOSH: I'll put it simply. Doctors have medicine, machines, and all sorts of ways to artificially prolong life, but you know that the Jewish teaching is that God is the only one with the ultimate right to heal, right?

ZACH: That's quite a loaded question, with not such a simple answer.

DALIA: Well then let's hear it!

PEARL: In order to understand its complexity, we have to go all the way back to the bible.

DALIA: I'm not going anywhere.

PEARL: Ok. The Ancient Israelite society, as depicted in the bible, was not as concerned with medicine as other Ancient Near Eastern societies. Essentially, it speaks of God as the one who heals and who makes people ill. God says in Exodus (15:26) "I am God who heals you." And there are depictions of God sending illness as punishment for sin.

DALIA: That's lovely, but those are just stories, what do they tell us?

ZACH: Regardless of whether we believe that God wrote the bible or not -

JOSH: Oh let's not go there...

ZACH: Regardless, if we believe that God wrote it, then it is fact as set forth by God. And if we believe that people wrote it, then people wrote it to tell us the stories of how their societies functioned and what they believed, which comes to be our tradition and heritage. Either way, its statements carry a great deal of weight.

PEARL: Well put Zach. We have a story from the Second Book of Kings (5:6-7) in which the King of Israel receives a letter asking that he help cure a man of leprosy. He angrily exclaims, "Am I God...to cure him of his leprosy?" So the view there is clear, God heals.

JOSH: And the bible does not even mention doctors, right?

PEARL: Not exactly. In the story of King Asa in the Second Book of Chronicles (16:11-14), we read that King Asa "did not seek God, but physicians" to heal him, and he dies.

DALIA: Maybe he had a bad doctor!

ZACH: Well, the Mishnah (Kiddushin 4:14) actually says, "The best of physicians is destined for hell" – pardon my language.

DALIA: Why would it say that, don't all Jewish mothers want their children to become doctors?

PEARL: We'll settle for lawyers too, you know that! And again, we have to look at things in context. At the time of the Mishnah, doctors often lacked medical knowledge and the ability to heal, resulting in many deaths. So we shouldn't be so surprised to see this statement.

DALIA: But the view changes later?

ZACH: Not entirely. Rabbi Nachman of Bratslav said that because the Angel of Death is too busy to kill everyone alone, he appoints messengers to help him. He calls these messengers doctors.

DALIA: Shhh, I don't want Dr. Greenstein to hear you!

PEARL: Well, you and Dr. Greenstein both may find comfort in knowing that modern rabbis like Rabbi Elliot Dorff say that since the capabilities of physicians have changed so greatly since the time of the Mishnah, the statement no longer applies.

JOSH: But this is what I've been saying. We pray to God for healing, not to doctors.

ZACH: Right, in the Amidah, we praise God "Who heals the sick."

DALIA: So I'm supposed to forego treatment and sit around praying for a miracle?! That sounds a bit ridiculous to me.

PEARL: Well Dalia, you know the rule. If there was only one side to an argument, we wouldn't have an argument, and you know that we can't have that!

DALIA: Haha, ok, so what's the other side?

ZACH: Well you can go right back to the bible and find exactly the opposite statement. In the Book of Jeremiah (8:22), we find the question, "Is there no balm in Gilead; is there no physician there? Why then has not the health of the daughter of my people been restored?" This is a pretty clear yearning to a physician, not God, for health.

PEARL: We even have statements in Exodus (21:19-20) and Leviticus (19:16) that say that God authorizes, even requires, humans to heal. And later, the mishnah, Talmud, and midrashim also do favor medical intervention and praise physicians.

JOSH: Why the change of heart then?

PEARL: It may have been Hellenistic influence, we don't know for sure. But the Talmud (Sanhedrin 17b) says that in order for a town to be suitable to have Jewish scholars as its inhabitants, the town must have a doctor.

DALIA: Of course it does, the little Jewish scholars are going to grow up to be doctors!

JOSH: But with all of these negative statements about doctors, how could a town be required to have one?! We can find other successful careers you know, mom.

ZACH: It's not just a matter of career choice. The Shulchan Aruch (Y.D. 336:1) says that a physician who withholds his services is as if he has shed blood.

DALIA: Right, I know where that must come from – "you shall not stand idly by the blood of your neighbor."

PEARL: Exactly! You'd probably like our committee class Dalia.

JOSH: What about rabbis today, what do they say? In my yeshiva, I learned that God is the ultimate healer, so don't just tell us about modern liberal rabbis.

PEARL: Well the Tzitz Eliezer says that the principle of *pikuach nefesh* requires doctors to attempt to heal patients, and a failure to use their ability is akin to murder.

JOSH: Yet sometimes, they do exactly that, they try to save someone, and they die anyway. What then?

ZACH: The Tzitz Eliezer also says that a doctor should not hold back in his attempt to heal for fear of error, as he will not be held accountable.

DALIA: So doctors, not God, should heal? I can go through with my treatments now?

PEARL: It's a toss-up, a "tie" if you will! One of my favorite compromises on the issue comes from a *midrash* called Midrash Temurah. It contains a story in which Rabbis Akiva and Ishmael tell a man that although God gives us our bodies, we are responsible

to seek physicians to heal it. They draw a parallel with the earth. Although God gives us the earth, we must till it with our own hands. Therefore, the physicians and God are in a relationship, the physician does God's work by healing.

JOSH: But it's God who creates all of the methods through which we heal anyway.

ZACH: Exactly, you've got it! God gives us medical insights and gives physicians the capability to heal, and so it is appropriate for us to seek medical attention and for physicians to use their God-given capabilities to heal.

DALIA: I'd like to think there was some schooling in the process.

PEARL: Oh, certainly, but still it would be God who gives humans the knowledge and ability to understand medical school – and of course, only some humans at that!!

ZACH: But we know that we can't all be doctors – and not all of our children can be doctors either. The second century B.C.E. sage and scribe, Ben Sira, tells us that God established the profession of the physician, and we should make friends with physicians! He says that the doctor's wisdom comes from God.

JOSH: It sounds almost like you're making the physician into an intermediary, like us non-doctors shouldn't even bother with God. I don't think I like this.

PEARL: Not exactly. While the place of the doctor is to heal, and many Jews believe that doctors heal because God helps them to do so, we may pray to God on our own for ourselves or for another who is ill.

DALIA: It sounds like there's a compromise, doctors heal in partnership with God.

ZACH: You've got it Dalia! Some say that God alone heals, some say that doctors alone heal, and both opinions are found throughout our text. But Ben Sira says it best, he strikes a compromise between the value of doctors and God to heal.

DALIA: Ben Sira, perhaps that would have been a nicer name than Joshua.

JOSH: Very funny mother. I guess I see now that the Jewish tradition contains many different opinions. Ok Pearl and Zach, thanks for settling that one for us. Now will you please tell us whether mom should go through with the next stage of God-granted, physician-aided treatment?

PEARL: Good try Josh, but only you, your mom, and your family can decide that, using some of what you now know to help you. And we brought you these "frequently asked questions" sheets to help you remember some of what we talked about today.

DALIA: Oh wow, thank you, I was wondering how I would remember all of this. Thank you two so much for coming by, and for teaching us so much today!

GOD VS. THE PHYSICIAN AS HEALER FAQ's

1. DOES THE BIBLE VIEW GOD AS HEALER?

Yes. The Ancient Israelite society, as depicted in the bible, was not as concerned with medicine as other Ancient Near Eastern societies. In Exodus 15:26, God says, "I am God who heals you." We also have depictions of God sending illness as punishment for sin. In 2 King 5:6-7, when the King of Israel is asked to cure a man of leprosy, he angrily exclaims, "Am I God...to cure him of his leprosy?" And a story in 2 Chronicles 16:11-14 portrays King Asa dying after seeking a physician, not God, to heal him.

2. DOES THE BIBLE VIEW PHYSICIANS AS HEALERS?

Yes. In Jeremiah 8:22 we find the question, "Is there no balm in Gilead; is there no physician there? Why then has not the health of the daughter of my people been restored?" Exodus 21:19-20 and Leviticus 19:16 say that God authorizes, even requires, humans to heal.

3. DOES EARLY RABBINIC LITERATURE VIEW PHYSICIANS FAVORABLY?

Yes and No. Mishnah Kiddushin 4:14 says, "The best of physicians is destined for hell." At the time of the Mishnah, doctors often lacked medical knowledge and the ability to heal, resulting in many deaths. But at the same time, Sanhedrin 17b says that in order for a town to be suitable to have Jewish scholars as its inhabitants, the town must have a doctor.

4. DOES LATER RABBINIC LITERATURE AND RABBINIC OPINION VIEW PHYSICIANS FAVORABLY?

Yes and No. The Shulchan Aruch Yorah Deah 336:1 says that a physician who withholds his services is as if he has shed blood. The Tzitz Eliezer says that the principle of *pikuach nefesh* requires doctors to attempt to heal patients, and a failure to use their ability is akin to murder. He also said that a doctor should not hold back in his attempt to heal for fear of error, as he will not be held accountable. But Rabbi Nachman of Bratslav said that because the Angel of Death is too busy to kill everyone alone, he appoints messengers to help him. He calls these messengers doctors. Yet Rabbi Elliot Dorff says that since the capabilities of physicians have changed so greatly since the time of the Mishnah, the Mishnah's anti-physician statement no longer applies.

5. DOES GOD OR THE PHYSICIAN HAVE THE RIGHT TO HEAL?

Midrash Temurah contains a story in which Rabbis Akiva and Ishmael tell a man that although God gives us our bodies, we are responsible to seek physicians to heal it. They draw a parallel with the earth. Though God gives us the earth, they say, we must till it with our own hands. Physicians and God are in a relationship, the physician does God's work by healing.

6. IS THERE SOME COMPROMISE BY WHICH WE CAN LOOK TO BOTH GOD AND PHYSICIANS AS HEALERS?

Yes. The second century B.C.E. sage and scribe, Ben Sira, tells us that God established the profession of the physician, and we should make friends with the physician, for the

physician's wisdom comes from God. Therefore, while the place of the doctor is to heal, many Jews believe that doctors heal because God helps them to do so, and we should pray to God for healing and allow the physicians to do God's work.

UNIT III: *HALAKHIC* ISSUES LEADING UP TO AND AT DEATH:

LESSON 2: DEFINING THE MOMENT OF DEATH

Time Frame: This is a one hour class within an ongoing course

Intended Class Makeup: *Bikkur Cholim* Committee Members, 10-20 adults

Lesson Overview: Through this lesson, *bikkur cholim* committee members will become equipped with the tools to help an individual or family tackle the delicate issue of defining the point at which death occurs. Judaism contains two primary markers for the determination; cessation of breath and cessation of heartbeat. As with all questions this committee faces, Judaism should guide the way, and *bikkur cholim* committee members should facilitate conversations, but the final choice in belief belongs to the individual or family in question.

Enduring Understanding: Though death is definite and final, Judaism has several approaches to define when it occurs.

Essential Questions:

1) What are the different Jewish perspectives on the moment that death occurs?
2) Is there a Jewish opinion that a cessation of respiration alone defines death?
3) Is there a Jewish opinion that a cessation of heartbeat alone defines death?
4) What does Judaism say about brain death, and what is it exactly?
5) What does Judaism say about brain stem death, and what is it exactly?
6) Is there a Jewish opinion that both a cessation of respiration and a cessation of heartbeat are required to define death?
7) Does modern medical technology help define the moment of death?
8) What do modern rabbis say about the Harvard Criteria?

9) Are there other Jewish opinions as to when death occurs?

10) Why is it so important to define the moment of death?

Approach:

I. The rabbi and educator welcome everyone back to the next in the *bikkur cholim* committee's course. Fruit and muffins are put out in the middle of the table, and after a brief check-in to see how everyone's week has been, they ask for four volunteers for this week's role play.

II. Role Play (on attached sheets)

III. Educator thanks those who volunteered to participate in the role play and tells everyone to take a 10 minute break before they regroup to discuss the role play.

IV. Discussion facilitated by educator and rabbi:

1) Prior to the role play, what were your understandings about the Jewish definition of the moment of death?

2) How did the role play make you feel, what issues did it bring up for you?

3) Were you surprised at the variety of opinions and how much thought has been given to this topic from a Jewish perspective?

4) How might you use the information you now have to make a decision?

5) How might you use the information you now have to help another make a decision?

6) Remembering what we've discussed in the past about our role as conversation facilitators and not as decision-makers, were there any points in the role play

where you felt like, if this were a real situation, you would not have been able to hold your tongue?

7) Before we send you off to make visits to congregants, are there any questions you have about the various ways the Jewish tradition defines the moment of death?

V. Closing

a. Hand out the "Defining the Moment of Death FAQ's" to committee members

b. Take any last questions

c. Join together in closing class prayer: "May the Source of Strength give us the strength to fulfill the mitzvah of *bikkur cholim* to those in our community in need of healing. May we open conversations for them and serve as Jewish resources without pushing our personal views on them. May we serve as ears to our co-committee members as we learn to do this holy work together. May we serve as a source of their strength in partnership with the Holy Source of Strength. *Baruch Atah Adonai, Rofeh ha'Cholim.*"

Materials: Four copies of the role play, copies of the "Defining the Moment of Death FAQ's" for all committee members.

"Defining The Moment Of Death" Role Play

EDITH: Steven, Ruth, we came as soon as we heard, how are you holding up?

STEVEN: Why the morbid face Edith, Dad's not actually dead yet.

DAVID: Oh Steven, we apologize, we thought Ruth said…

RUTH: You heard me right, our father left us this morning; Steven just has not come to grips with it.

STEVEN: Ruth, why must you always be like this? And don't speak so loudly, Dad will hear you – Edith, David, our father is not gone yet. Ruth here has just given up all hope.

RUTH: That's not true Steven. Why don't you all come into the family visiting room with us, we can all sit down and talk.

STEVEN: And maybe you can help my sister come to her senses.

EDITH: Sure, I'll grab us some cold water to drink on the way.

RUTH: Thanks – here, we can sit right here. How are things going at the synagogue?

DAVID: Oh all is well, we have some cards for you and your father from the *bikkur cholim* committee – a few of the children had some fun with the crayons as well, we hope that's ok.

RUTH: Of course it is, thank you so much, that's so thoughtful.

EDITH: So tell me, what's going on with your dad now?

RUTH: Well, as you know, his health has been declining for a few days now, he's been in ICU since Sunday. This morning he slipped into a coma, and they declared him brain dead.

STEVEN: Note, she said "brain dead," not "dead dead." You guys are the Jewish experts, isn't it true that Dad is alive until his heart stops beating on its own? He's still hooked up to the respirator.

EDITH: It's an interesting question actually, how to define the moment of death. And for some, it has implications as to whether to disconnect life support machines, or whether to donate organs.

RUTH: Oh, count us in to that debate – both of them.

STEVEN: What's the debate about? What other option is there, his heart has to stop, right?

DAVID: Well that's definitely one opinion.

STEVEN: One opinion, I thought it was the only opinion!

EDITH: Oh, that's almost never the case. In fact, the cessation of heartbeat is a minority opinion when this case comes up in the Talmud. It's breathing, respiration, that comes out as the majority opinion as to how to define the moment of death.

RUTH: Tell me more, what happens in the Talmud?

DAVID: Well see, the case is that debris falls on a man on Shabbat, when it would normally be forbidden to remove the debris, except to save a life. So to determine whether the man is still living, they need to remove the debris – but the question arises as to how they will know if he is still alive. The majority opinion says that we must be able to reach as far as his nose to feel whether he is still breathing. But the minority opinion says we need to reach as far as his heart to determine whether it is still beating.

STEVEN: And the heartbeat is a minority opinion?

EDITH: Yeah. And today, it's the Ultra-Orthodox rabbis, like Rabbi Shlomo Zalman Auerbach, who say that we cannot do anything to one whose heart still beats in order to quicken his death, since he believes that a lack of heartbeat defines death.

RUTH: Even with modern technology – I wonder what it would take to change his mind?

DAVID: Actually, he says that only when the Sanhedrin is again established can we formulate a different definition of death – and by all accounts, it does not look like that is happening any time very soon.

RUTH: So what about the cessation of respiration as defining death, what happens to that opinion?

EDITH: Well, the Torah says things like "in all whose nostrils is the breath of life" (Genesis 7:22), and when God first gives life to Adam, God breathes it into Adam's nostrils. Things like that lead us to believe that life enters and exits with breath.

STEVEN: No heartbeat?

DAVID: Actually, Dr. Moshe Tendler, an Orthodox authority, says that one with a severed spinal cord whose heart may continue beating, is dead. Rabbi Moshe Feinstein, Tendler's father-in-law and a leading Orthodox authority, even revised his own position on brain death due to Tendler's findings that there were modern tests that could determine that the brain and body were no longer functionally connected.

EDITH: And the Israel Chief Rabbinate Council stated that the cessation of respiration alone suffices to declare a person dead. They would therefore allow a heart transplant to proceed, which is a major revision on an earlier position they held.

RUTH: What's this about brain death – is that the same as death?

DAVID: That's another good question, it's debatable from a Jewish perspective.

STEVEN: Pardon me, but how exactly do we know if someone is brain dead?

EDITH: A person is brain dead when they cease having electrical function in the brain, although their heart continues to beat. There are tests which determine that a person no longer has electrical function in the brain.

STEVEN: And is a person who is brain dead, dead according to Judaism?

DAVID: Well, once again, there are different opinions on the matter. While the Ultra-Orthodox Rabbi Shlomo Zalman Auerbach prohibits one from disconnecting a brain dead patient from life support, and the Orthodox Tzitz Eliezer does not consider brain death to be death, Conservative Rabbis Daniel C. Goldfarb and Seymour Siegal said that a flat electroencephalogram, the test that determines whether a person has any brain waves, determines that a person is dead.

RUTH: Can a person who is brain dead breathe on his own?

EDITH: Perhaps. But then there is brain stem death. That's when a person's brain stem is damaged, resulting in a loss of consciousness and a cessation of automatic body functions, like breathing, swallowing, and heartbeat. The line between the two is very fuzzy.

RUTH: So is one who has no brain stem function considered dead according to Judaism? I guess opinions vary?

DAVID: You guessed it! Though even Former Chief Rabbi of Israel, Rabbi Shlomo Goren, said that brain stem death constitutes death.

STEVEN: Well, no pun intended, but it sounds like a no-brainer. If a person has no brain stem function, it sounds like they can't breathe or sustain their own heartbeat. How does that play into the debate about whether cessation of breathing or heartbeat defines death?

EDITH: Oh there are some authorities who require a cessation of both respiration and heartbeat in order to define death. The RAMA, for example, said that since we do not know how to distinguish death from a fainting spell, we need a cessation of both to define death. Granted, medical technology was very different in his day, but his opinion counts for quite a lot.

DAVID: And the Chacham Zvi, the Chatam Sofer, and the Tzitz Eliezer require a cessation of both to define death.

EDITH: And some Orthodox rabbis of today are as cautious as the RAMA. Rabbis Yechiel Michal Tuchatzinsky and Shalom Gagin advocate waiting twenty to thirty minutes following the cessation of both breath and heartbeat in order to declare death.

RUTH: But don't we have tests that determine when someone's heart stops, or they can no longer breathe? Doesn't anyone consider those?

DAVID: Sure. The Ad Hoc Committee of the Harvard Medical School set forth four criteria through which to determine death. They include a lack of response to external stimuli or internal need, the absence of breath for at least one hour, an absence of reflexes, and a flat electroencephalogram to confirm the first three.

RUTH: And what do our rabbis say about that?

EDITH: Actually the liberal Rabbis Moshe Zemer and Walter Jacob accept the Harvard criteria. The very Orthodox Rabbi David Bleich only requires the first three David listed, but not the electroencephalogram.

STEVEN: It all sounds pretty complex. Are there any other opinions, aside from what you've already told us?

DAVID: Always! Maimonides, for example, says that death occurs the moment that the soul leaves the body.

EDITH: And Rabbi Mark Staitman says that one in a permanent vegetative state, which he says is a person who is a body without a soul, cannot communicate with God. Therefore, a body without a soul experiences a "theological death."

STEVEN: That sounds like something Dad would say!

RUTH: You mean something Dad would have said?

EDITH: It's really quite difficult to determine when to start speaking about someone in the past tense. Judaism has as many answers as modern medicine as to the moment at which death occurs.

RUTH: Which is the right one?

DAVID: There is no "right" one necessarily. Only the two of you can determine what you consider to be death, and can determine when, if ever, you want to begin to disconnect your father from any of the machines sustaining him. It's a very personal decision.

RUTH: Well thank you both, so much, for explaining all of those different positions to us.

STEVEN: I think we have a lot of thinking and talking to do – I should have been taking notes!

EDITH: No worries Steven, here, we have these "frequently asked questions" sheets from the *bikkur cholom* committee, they have all of the information we talked about today. And you know that we're here if you need us, don't hesitate to call.

DEFINING THE MOMENT OF DEATH FAQ's

1. WHAT ARE THE DIFFERENT JEWISH PERSPECTIVES ON THE MOMENT THAT DEATH OCCURS?

Some authorities require a cessation of respiration, some require a cessation of heartbeat, and some require a cessation of both.

2. IS THERE A JEWISH OPINION THAT A CESSATION OF RESPIRATION ALONE DEFINES DEATH?

Yes. The majority opinion in the Talmud on the topic, when determining how far to remove debris from one who might still be alive, says that a cessation of respiration defines death. The Torah says (Genesis 7:22) "in all whose nostrils is the breath of life." When God first gives life to Adam, God breathes it into Adam's nostrils. This leads some to believe that life enters and exits with breath. Dr. Moshe Tendler, an Orthodox authority, says that one with a severed spinal cord whose heart continues beating is dead. Rabbi Moshe Feinstein, Tendler's father-in-law and a leading Orthodox authority, revised his own position on brain death when his son-in-law alerted him to modern tests that could determine that brain and body were no longer functionally connected. The Israel Chief Rabbinate Council considers the cessation of respiration sufficient to declare a person dead and would allow a heart transplant to proceed.

3. IS THERE A JEWISH OPINION THAT A CESSATION OF HEARTBEAT ALONE DEFINES DEATH?

Yes. The minority opinion in the Talmud on the topic, when determining how far to remove debris from one who might still be alive, says that a cessation of heartbeat defines death. Ultra-Orthodox Rabbi Shlomo Zalman Auerbach says that we cannot do anything to quicken the death of one whose heart still beats, and that a cessation of heartbeat is required to define death.

4. WHAT DOES JUDAISM SAY ABOUT BRAIN DEATH, AND WHAT IS IT EXACTLY?

Brain death occurs when one ceases having electrical function in the brain, though the heart continues to beat. Ultra-Orthodox Rabbi Shlomo Zalman Auerbach considers a brain dead patient to be alive. And the Orthodox Tzitz Eliezer does not consider brain death to be death. Conservative Rabbis Daniel C. Goldfarb and Seymour Siegal say that a flat electroencephalogram, the test that determines whether a person has any brain waves, determines that a person is dead.

5. WHAT DOES JUDAISM SAY ABOUT BRAIN STEM DEATH, AND WHAT IS IT EXACTLY?

Brain stem death occurs when a person's brain stem is damaged, resulting in a loss of consciousness and a cessation of automatic body functions such as breathing, swallowing, and heartbeat. Many Jewish authorities, including Former Chief Rabbi of Israel, Rabbi Shlomo Goren, say that brain stem death constitutes death.

6. IS THERE A JEWISH OPINION THAT BOTH A CESSATION OF RESPIRATION AND A CESSATION OF HEARTBEAT ARE REQUIRED TO DEFINE DEATH?

Yes. The RAMA requires both, since he says that we do not know how to distinguish death from a fainting spell. The Chacham Zvi, the Chatam Sofer, and the Tzitz Eliezer all require a cessation of both to define death. Contemporary Orthodox Rabbis Yechiel Michal Tuchatzinsky and Shalom Gagin advocate waiting twenty to thirty minutes following the cessation of both breath and heartbeat to declare that death has occurred.

7. DOES MODERN MEDICAL TECHNOLOGY HELP DETERMINE THE MOMENT OF DEATH?

Yes. The Ad Hoc Committee of the Harvard Medical School set fourth four criteria through which to determine death: lack of response to external stimuli or internal need, absence of breath for at least one hour, absence of reflexes, and a flat electroencephalogram to confirm the first three.

8. WHAT DO MODERN RABBIS SAY ABOUT THE HARVARD CRITERIA?

Liberal Rabbis Moshe Zemer and Walter Jacob accept the criteria. Orthodox Rabbi David Bleich requires the first three criteria without requiring the electroencephalogram.

9. ARE THERE OTHER JEWISH OPINIONS AS TO WHEN DEATH OCCURS?

Yes. Maimonides says that death occurs the moment the soul leaves the body. Rabbi Mark Staitman says that one in a permanent vegetative state, who he calls a body without

a soul, cannot communicate with God. He says that a soul without a body experiences a "theological death."

10. WHY IS IT SO IMPORTANT TO DEFINE THE MOMENT OF DEATH?

Defining and determining the moment of death helps people make decisions regarding when to withdraw someone from life support machines, when to allow the process of organ donation to begin, and allows people to determine the moment at which they must say goodbye to a loved one.

UNIT VI: GIVING THE GIFT OF LIFE WHEN ONE'S LIFE IS NO LONGER:

LESSON 1: ORGAN DONATION

Time Frame: This is a one hour class within an ongoing course

Intended Class Makeup: *Bikkur Cholim* Committee Members, 10-20 adults

Lesson Overview: Through this lesson, *bikkur cholim* committee members will become equipped with the tools to walk an individual or a family through decisions regarding organ donation. Many different Jewish opinions exist on the topic, and misconceptions abound. Only the individual or family can make the decision that is right for them. Judaism should guide the way, and *bikkur cholim* committee members should facilitate conversations, but the final choice belongs to the individual or family in question.

Enduring Understanding: When pressed to make a decision about organ donation, education is of the essence.

Essential Questions:

1) What does Judaism say about organ donation?
2) Can you be buried in a Jewish cemetery if you donate an organ?
3) What will happen at the time of resurrection if you donate an organ?
4) What does Judaism say about heart transplants in particular?
5) Can a brain-dead patient donate organs?
6) Does Judaism require that a recipient be identified before one donates an organ?
7) What does Judaism say about animal organ donation?
8) How can we help facilitate people's decision-making without showing our bias?

Approach:

I. The rabbi and educator welcome everyone back to the next in the *bikkur cholim* committee's course. Fruit and muffins are put out in the middle of the table, and after a brief check-in to see how everyone's week has been, they ask for five volunteers for this week's role play.

II. Role Play (on attached sheets)

III. Educator thanks those who volunteered to participate in the role play and tells everyone to take a 10 minute break before they regroup to discuss the role play.

IV. Discussion facilitated by educator and rabbi:

1) Have you ever dealt personally with issues of organ donation? (Allow time for discussion, past experiences need to be talked through.)
2) How did the role play make you feel, what issues did it bring up for you?
3) Were you confused by any of the facts?
4) Were you surprised at how many different Jewish opinions there have been regarding organ donation?
5) Remembering what we've discussed in the past about our role as conversation facilitators and not as decision-makers, were there any points in the role play where you felt like, if this were a real situation, you would not have been able to hold your tongue?
6) Before we send you off to make visits to congregants, are there any questions you have about organ donation?

V. Closing

a. Hand out the "organ donation frequently asked questions sheets" to committee members

b. Take any last questions

c. Join together in closing class prayer: "May the Source of Strength give us the strength to fulfill the mitzvah of *bikkur cholim* to those in our community in need of healing. May we open conversations for them and serve as Jewish resources without pushing our personal views on them. May we serve as ears to our co-committee members as we learn to do this holy work together. May we serve as a source of their strength in partnership with the Holy Source of Strength. *Baruch Atah Adonai, Rofeh ha'Cholim.*"

Materials: Five copies of the role play, copies of the "Jewish Views On Organ Donation FAQ's" for all committee members.

"Organ Donation" Role Play

SHIRA: Dad, a few members from our congregation's *bikkur cholim* committee called to see if you were up for that visit later today – what do you think?

JACOB: Sure, anything to keep me busy, this hospital is so darn boring – have you noticed that the white of the wall does not quite match the white of the ceiling? Yeah, it'll be nice to have some more company – not that you're not great company too. And I like hearing from our synagogue, I spoke to the rabbi again yesterday.

SHIRA: Great, I'll call them back and let them know we're up for a visit! Maybe we can talk to them about the organ donation thing that the doctor mentioned?

JACOB: Shira, they're just other Jews, like us, they're not clergy. They're not going to know about that.

SHIRA: No Dad, remember I told you about the new classes the *bikkur cholim* committee members take? They do know about that.

JACOB: Well, we'll see. But sure, tell 'em to come on over.

Two hours later, the 3 *bikkur cholim* committee members knock at the door…

SHIRA: Hi, Dad and I are so glad the three of you could come!

ADAM: We're so happy to be here. How are you holding up?

SHIRA: Not so great, I mean, we're here. Dad knows his days are limited, and I think it's beginning to really sink in to our family. Come in, he's excited to see you.

DEBRA: Hi Jacob (taking his hand) how are you feeling today? I love those pictures on your wall, did your granddaughter color them for you?

JACOB: Yeah, she and her dad brought them by last week. I'm feeling – well, I'm feeling. That must say something at this point, right?

DEBRA: You always have had a good sense of humor Jacob!

JACOB: Well what choice have I had? Have a seat, everyone – how are things at the synagogue? Is the roof still leaking?

ADAM: Only when it rains! We've scheduled someone to come look at it on Thursday, we'll let you know what comes of it. Do you mind if I move this onto the counter so I can sit here?

JACOB: Oh, certainly not, move around whatever you'd like – thanks for asking, usually they just come in and throw my stuff around. Gotta love hospitals.

MIRIAM: Yeah, that's always been a problem, some things never change I guess! So Jacob, Shira, how have things been going for you – what's on your mind these days?

SHIRA: Dad, maybe we should bring up what the doctor mentioned the other day, about the organs?

JACOB: You think they came to hear us complain?!

MIRIAM: You're not complaining, you're talking, and that's perfect since we came here to listen!

JACOB: Well, ok then – but I think this is really a question for the rabbi.

SHIRA: Remember what I said dad…

JACOB: Oh, ok – go for it then, tell them.

SHIRA: Why don't you explain it Dad?

JACOB: Ok, you guys ready for this? The doctors came in the other day and asked whether I was an organ donor – they said not to worry, that they weren't taking my

organs now or anything, but wanted to know my thoughts on it. I can't do that, right? Judaism says so!

ADAM: Funny you should ask, we've been talking a lot about organ donation recently in our *bikkur cholim* committee class! It turns out there are more opinions out there than many of us realized at first!

MIRIAM: You know what they say, two Jews, three opinions. And I think that as time goes on, it only gets worse! What are your concerns with organ donation Jacob?

JACOB: Well it would desecrate my body, right? And I couldn't be buried in the Jewish cemetery if I did it.

ADAM: Actually, it turns out that that's one big misconception we've all been taught – people have been buried in Jewish cemeteries after donating organs for a long time.

JACOB: But what about resurrection – I know we're a little back-and-forth on that, every time I pick up a different prayerbook in our sanctuary I get a different answer – *meitim, ha'kol* – what's with the parentheses? But seriously, if the resurrection thing is for real, I don't want to come back without my liver!

DEBRA: There's a Jewish sage who said something that we might want to think about actually. His name was Saadia Gaon. He said that "if one believes that God created the world from nothing, one should believe that God can refashion and revive the dead because that involves the comparatively easy task of creating something out of something which has already existed but disintegrated."

SHIRA: Oh, so maybe a donated organ that existed once is no different than something that once existed but no longer does?

JACOB: That Saadia fellow lived a long time ago though, what do our rabbis say today?

MIRIAM: Actually Rabbi Elliot Dorff, a modern Conservative rabbi, says something similar. He says that all of us die of some bodily malfunction, so God would have to replace at least some of our parts, for in the end they did not serve us very well.

JACOB: Hmm, true. Interesting. So do you think I should sign up for the donation when I go? I mean, I'm inclined to think that maybe I should, I just don't know – what do you guys think?

ADAM: Only you and your family can make that decision. But we're happily here to help you start the conversation and to give you some guidance. Do you have more questions about it?

JACOB: If I decided to do it, how could we afford it? I mean, Shira and the rest of my family have been so fantastic through this entire illness, but I don't think we could afford the extra costs, even though it might help someone else.

MIRIAM: We can check with the doctors to make sure, but generally it's the recipient, not the donor who pays.

JACOB: Oh, that's good to know!

SHIRA: I remember hearing some debate about heart transplants, do you guys know anything about that?

DEBRA: Sure, you're probably talking about the issue in the Orthodox community; Rabbi Moshe Feinstein was a big player in that. In the 1960's, he and Israeli Chief Rabbi Yehudah Unterman called heart transplants double murder. They said that since the donor's heart is beating until the point it is removed, even if the donor is brain dead, removing the heart murdered the patient. Also, since so many of the early heart

transplants failed, the recipient often died. They therefore felt that heart transplants were akin to double murder.

JACOB: So I can't sign on to donate my heart then, right?

ADAM: Actually, there are other opinions as well. In 1998, the Israeli Chief Rabbinate said that a patient with a flat EEG, a test that detects whether a patient has any brain activity, is allowed to donate a heart. Having a flat EEG means that the patient can't breathe or produce a heartbeat on his own. So a patient with a flat EEG, according to most traditional authorities, can donate a heart.

SHIRA: When is the patient dead within Judaism, does brain-dead count as dead?

MIRIAM: Oh, that's a whole other conversation, we can have that one next time if you'd like. The short answer is, there are lots of different opinions.

JACOB: Haha, I'm shocked. Maybe we can have that conversation next time – this stuff is really interesting! So all rabbis today agree that if a patient has no brain waves, he can donate organs?

DEBRA: That would be way too easy. As recently as 1991, Rabbi Shlomo Zalman Auerbach and Rabbi Yosef Elyashiv said that removing organs of a brain dead patient is tantamount to murder.

ADAM: Yet Rabbi Moshe Zemer cites the passage in Talmud (Sanhedrin 73a) which says that if we see someone drowning, mauled by beasts, or attacked by robbers, Jewish law obligates us to save the person, even at the cost of our own lives. Therefore, he says, Jewish law obligates us to use the organ of a brain-dead patient for organ donation. He uses the argument of favoring "*chayey olam*," "long-term life" over "*chayey sha'ah*," "short-term life."

SHIRA: Wow, this is a lot to consider, we've always been a family that has allowed Judaism to inform our decisions, but I never realized there was so much! Is there anything else we should know?

MIRIAM: Well, there's the issue of whether you have identified a recipient.

JACOB: Identified a recipient? They want me to have a friend to give my organs to? I guess Roger could use a better liver, and Sophie's kidneys have been out of wack...

MIRIAM: (giggling) Not quite, but close. There's one rabbi, the Orthodox Rabbi David Bleich, who says that only when a single recipient has been identified who will live because of the donation, or who would otherwise lose control over an entire physical faculty, like both cornea, are organ donations permissible.

SHIRA: Don't we have organ donation banks?

MIRIAM: Exactly, Rabbi Bleich forbids donation to organ banks.

JACOB: I wouldn't trust banks much these days anyway! So really, I have to know exactly who my organ is going to according to Judaism?

ADAM: According to Rabbi Bleich, yes. But most liberal authorities today say that there is established sufficient demand for organs coming out of organ banks, and permit donation to organ banks.

JACOB: I see, we have more than one opinion here – it sounds like the liberal authorities are, well, more liberal, on the matter!

DEBRA: You've got it! Most contemporary authorities, liberal or not, permit and even encourage organ donation. Rabbi Elliot Dorff says that the Jewish importance of saving a life is so great that one whose family chooses to donate his organs after he dies has performed an act of *kevod ha'met*, honoring the dead. He sees organ donation as an act

of *chesed*, allowing another the opportunity to live. Rabbi Dorff even says that it is ok to delay burial for the sake of organ donation if the goal is to save a life.

MIRIAM: And conservative Rabbi Joseph Prousner in 1995 even said that if one fails to make arrangements to donate organs after death, he violates the commandment "do not stand idly by the blood of your neighbor." He also notes that since the donation might have alleviated the need for a living donor to donate and undergo a potentially risky procedure, one should consider organ donation an obligation.

JACOB: Ok, I got one more for you guys. What about pig organs? I've heard so much about them – I don't think I'll be needing any, but let's say I did. My wife always scowled at me for ordering bacon in restaurants. Maybe I could get away with a bacon lung?

ADAM: Ha, very funny Jacob. Actually you're in luck. As we know, Judaism does not require vegetarianism.

SHIRA; So Dad, you could have a hamburger lung, maybe not a bacon lung!

DEBRA: Nope, he's still in luck. Judaism places saving a life over the laws of *kashrut*. So, if he really needed a new organ, he could have an animal part from any animal, including a non-kosher animal.

JACOB: (Smirking) Yippee!! One bacon lung to go!

ADAM: Keep up the good attitude Jacob, I know it will help you and your family through all of this. Do you have any other questions about the organ donation?

SHIRA: Yeah. What should we do?

MIRIAM: Nice try, but like we said before, all we can do is tell you the facts; it's a decision you'll have to make yourselves.

JACOB: You don't think we'll remember all of this, do you?

DEBRA: Of course not! That's why we made up these handy "frequently asked questions" sheets, we'll leave them with you to go over. (Handing them the sheets.) They should have all of the information we just spoke about. And if you have any other questions, don't hesitate to ask us, that's what we're here for.

SHIRA: Will you come back and visit us again soon?

ADAM: We'd love to. Thanks so much for having us today, it's always so good to see you.

MIRIAM: You two rest up, you must be tired from all of this visiting. We'll speak to you again soon, call us if you need anything.

(Everyone hugs goodbye, and the *Bikkur Cholim* committee members leave Jacob and Shira)

JEWISH VIEWS ON ORGAN DONATION FAQ's

1. CAN AN ORGAN DONOR BE BURIED IN A JEWISH CEMETERY?

Yes, views otherwise are a misconception.

2. WHAT WILL HAPPEN WHEN THE MESSIAH COMES, AT THE TIME OF RESURRECTION, TO AN ORGAN DONOR?

Saadia Gaon said "if one believes that God created the world from nothing, one should believe that God can refashion and revive the dead because that involves the comparatively easy task of creating something out of something which has already existed but disintegrated." Along these same lines, Rabbi Elliot Dorff says that all of us die of some bodily malfunction, so upon resurrection, God would have to replace at least some of our parts, for in the end they did not serve us very well.

3. CAN JEWS BE HEART DONORS?

This topic has produced much debate in the Jewish community. In the 1960's Rabbi Moshe Feinstein and Israeli Chief Rabbi Yehudah Unterman proclaimed heart transplants to be double murder. They said that since the donor's heart is beating until the point it is removed, even if the patient is brain dead, removing the heart murders the patient. And at the time the success rate was low and the recipient often died as well. In 1998 the Israeli Chief Rabbinate said that a patient with no detectable brain activity, as monitored through an electroencephalogram, may donate a heart. Most traditional authorities today follow this view.

4. CAN A BRAIN-DEAD PATIENT DONATE ORGANS?

Opinions are varied here as well. Rabbi Shlomo Zalman Auerbach and Rabbi Yosef Elyashiv say that removing organs of a brain dead patient is tantamount to murder. Rabbi Moshe Zemer cites Sanhedrin 73a saying that Jewish law obligates us to save the life of a person in danger (someone drowning, mauled by beasts, or attacked by robbers), even at the cost of our own lives. Therefore, he says that Jewish law obligates us to use the organs of a brain dead patient for organ donation. He frames the argument in terms of favoring "*chayey olam*," "long-term life," over "*chayey sha'ah*," "short-term life."

5. DOES JUDAISM REQUIRE THAT AN ORGAN DONOR IDENTIFY A RECIPIENT BEFORE DONATING ORGANS?

Rabbi David Bleich says that only when a single recipient has been identified, who will live because of the donation or who would otherwise lose control over an entire physical faculty, like both corneas, are organ donations permissible. Rabbi Bleich therefore forbids organ donations to organ banks. On the other hand, most liberal authorities say that there is established sufficient demand for organs from organ banks and they permit organ donations to organ banks.

6. DOES JUDAISM PERMIT ANIMAL ORGAN TRANSPLANTS?

Judaism does not require vegetarianism, so general animal organ transplants are permissible. Additionally, Judaism places saving a life over the laws of *kashrut*, so organ transplants from a non-kosher animal are also permissible.

7. DOES ORGAN DONATION BRING FINANCIAL HARDSHIP ON THE DONOR'S FAMILY?

No, the recipient, not the donor, covers the financial cost.

8. DOES JUDAISM ENCOURAGE ORGAN DONATION?

Of course, opinions vary. Rabbi Elliot Dorff says that the Jewish importance of saving a life is so great that one whose family chooses to donate his organs after he dies has performed an act of *kevod ha'met*, honoring the dead. He sees organ donation as an act of *chesed*, allowing another the opportunity to live. He even permits one to delay burial for the sake of organ donation if the goal is to save a life. Rabbi Joseph Prousner said that one who fails to make arrangements to donate organs after death violates the commandment "do not stand idly by the blood of your neighbor." He notes that since the donation might alleviate the need for a living donor to donate and undergo a potentially risky procedure, one should consider organ donation an obligation.

UNIT X: WHAT FAMILIES AND VISITORS CAN DO FOR THE DYING INDIVIDUAL:

LESSON 2: HOW MUCH TO REVEAL TO THE DYING INDIVIDUAL

Time Frame: This is a one hour class within an ongoing course

Intended Class Makeup: *Bikkur Cholim* Committee Members, 10-20 adults

Lesson Overview: Through this lesson, *bikkur cholim* committee members will become equipped with the tools to understand the advantages and disadvantages of revealing information to and withholding information from dying individuals. Through gaining this understanding, *bikkur cholim* committee members will be better prepared to make visits to dying individuals and to their families.

Enduring Understanding: Each individual and family needs to decide for themselves how much information to reveal to the dying individual.

Essential Questions:

1) What are some compelling reasons to withhold information from a dying individual?
2) What are some compelling reasons to reveal information to a dying individual?
3) What factors must we consider when deciding whether to reveal information to a dying individual?

Approach:

I. The rabbi and educator welcome everyone back to the next in the *bikkur cholim* committee's course. Fruit and muffins are put out in the middle of the table, and after a brief check-in to see how everyone's week has been, they divide the group into groups of four to six people and hand out the following

two case studies, one to each group. Each group has fifteen minutes to look over the case study and accompanying fact sheet, at which point the groups exchange case studies for the next fifteen minutes.

II. Case Studies (on attached sheets)

III. Educator calls the groups back together and tells everyone to take a 10 minute break before they regroup to discuss the case studies.

IV. Discussion facilitated by educator and rabbi:

1) How did the case studies make you feel, what issues did they bring up for you?
2) Were you surprised about the contradicting views of the Jewish tradition on whether to reveal information, and how much information to reveal, to dying individuals?
3) How would you help guide Tyler and Judith towards their decision?
4) If you were Laurie or Seth, what would you do on your next visit with Julie, Arnold, and Emily?
5) How might you use the information you now have to help you as you make a visit to a dying individual and his family?
6) Before we send you off to make visits to congregants, are there any questions you have about the topic of how much to reveal to a dying individual?

V. Closing

a. Make sure each committee member has a "How Much To Reveal To The Dying Individual Fact Sheet"
b. Take any last questions

c. Join together in closing class prayer: "May the Source of Strength give us the strength to fulfill the mitzvah of *bikkur cholim* to those in our community in need of healing. May we open conversations for them and serve as Jewish resources without pushing our personal views on them. May we serve as ears to our co-committee members as we learn to do this holy work together. May we serve as a source of their strength in partnership with the Holy Source of Strength. *Baruch Atah Adonai, Rofeh ha'Cholim.*"

Materials: Copies of the two case studies for all committee members, copies of the "How Much To Reveal To The Dying Individual Fact Sheet" for all committee members.

How Much To Reveal To The Dying Individual Case Study 1

Setting: Bettie and Isaac, two members of the synagogue's *bikkur cholim* committee, sit in the hospital's waiting room with Tyler and Judith as they wait for their mother to come out of treatment. The following conversation ensues;

BETTIE: Hi Tyler, Judith. How are you two holding up?

TYLER: Hi, thank you so much for coming, Judith and I really appreciate it. Mom's still in treatment.

ISAAC: And how are you two handling things?

JUDITH: Same as usual, we're getting somewhat used to this. This is a regular treatment procedure for this, she's had several, and the results are always the same. The doctors accomplish what they're hoping, which means she'll still be with us for the short term, but even these treatments can't prolong her life any longer. She'll be gone in a number of months.

BETTIE: I'm so sorry to hear that, we all are. Everyone at the synagogue sends their love. How is your mother handling the news?

TYLER: Oh, mom doesn't know. She thinks the treatments are helping, which they are in the short term. But mom doesn't know how bad things really are.

JUDITH: Someone (nodding towards Tyler) thinks she's too fragile to handle the news.

TYLER: She is, she's not as strong as Dad was. He would have wanted to know, but she couldn't handle it.

JUDITH: Do you mean she can't handle it, or you can't handle telling her? Does Judaism say anything about this?

ISAAC: Oh sure, there's a lot of information regarding how much to reveal to the dying individual.

TYLER: And doesn't any of it say that telling a person that they are dying could kill them faster?

BETTIE: There's something like that – here, we have these fact sheets about it, why don't we look at them together.

Question For Discussion: Using the information from the "How Much To Reveal To The Dying Individual Fact Sheet," if you were Bettie or Isaac, how would you help guide Tyler and Judith towards their decision?

How Much To Reveal To The Dying Individual Case Study 2

Setting: Laurie and Seth, two members of the synagogue's *bikkur cholim* committee, visit Arnold, Julie, and their mother Emily, who is in a long-term care facility.

ARNOLD: Hi, thanks so much for coming by.

SETH: Of course, we're glad to see all of you. How is everything going?

EMILY: Same old, same old. The food here's awful, the company is great.

LAURIE: And how have you been feeling recently?

JULIE: Mom's doing great, she even won bingo the other day.

EMILY: Oh yes – well, I have an advantage. Unlike many of my bingo competitors, my hearing isn't completely gone yet.

ARNOLD: That's Mom for you, always got to have a leg up on her competition.

SETH: So you're feeling pretty well?

EMILY: Oh certainly, can't complain!

LAURIE: Well it's good to hear you say that. Julie, you mentioned on the phone that you had some things to take care of – we'll be here for a little bit if you'd like to get your errands done.

ARNOLD: That would be fantastic, we hate leaving Mom alone, but I also have a few quick things to do.

SETH: Go ahead, take a few minutes, I'll walk you two out.

While Seth walks Arnold and Julie out, the following conversation ensues:

SETH: Now that we're out of your mother's earshot – and I'm glad to hear she's still hearing pretty well – how are you two really doing?

JULIE: Her hearing is about all she has left, it's sad.

ARNOLD: I hate to see her like this, she's deteriorating right before our eyes.

JULIE: But at least she doesn't know it.

SETH: How much does your mother know about her condition?

ARNOLD: Almost nothing – she knows she's not a teenager any more, but she only has a few months at best. She certainly doesn't know that, we won't tell her.

SETH: That's a decision you two made together?

JULIE: Oh definitely. She couldn't handle having that kind of information. It may be the first thing my brother and I have ever agreed on!

ARNOLD: Ha, thanks sis. She's right – I can't believe I'm saying that. But Julie is right, we can't tell Mom. If she thinks she's got a chance, she'll continue to be happy, to play bingo, to be herself.

SETH: It certainly sounds like you've given this a lot of thought...

While Laurie stays back in the room with Emily, the following conversation ensues:

LAURIE: It sure must be nice to have family so close by, do they come to see you every day?

EMILY: Just about, yes. It is nice, though sometimes it feels like a small burden to have them here.

LAURIE: Why is that?

EMILY: Well, I don't know what you know, but my days are numbered. The kids either don't know it yet, or it hasn't hit them.

LAURIE: And so it is a burden to have them here?

EMILY: Yeah, I feel like I am constantly trying to hide it from them. There are things I would like to tell them, last words I would like to share. But every time I try to say something, I can tell that they do not want me to continue, so I change the subject.

LAURIE: If you have not spoken about it with them, how do you know that your days are numbered, have the doctors told you?

EMILY: Not in so many words, but you can tell. Between the hushed voices and the pitiful looks, I know. There is a reason I was the first girl in my family to get a college degree. And maybe it's a little bit of intuition. I am really not sure whether they even know at all.

LAURIE: It sounds like it would be difficult to hide that from them, you don't think they would handle it well?

EMILY: Certainly not Julie, and Arnold is better off not knowing as well. That's what we mothers do, right Laurie? We spend our lives protecting our children.

LAURIE: I guess you're right. But I can see how it would be nice to be able to speak to them about it...

Question For Discussion: Using the information from the "How Much To Reveal To The Dying Individual Fact Sheet," if you were Laurie or Seth, after sharing your separate conversations with one another, what would you do on your next visit with Julie, Arnold, and Emily?

HOW MUCH TO REVEAL TO THE DYING INDIVIDUAL

FACT SHEET

Withholding Information From A Dying Individual May Give Him Continued Hope

- In II Kings 8, the Syrian King Ben-Hadad falls ill. He instructs his aide, Hazael, to inquire of the prophet Elisha about his chance of recovery. Elisha orders Hazael to say to the king, "you shall recover," but tells Hazael that the king will in fact die
- Rabbi Walter Jacob says that those surrounding a dying individual must maintain an attitude of hope. Therefore, a physician is not obliged to disclose the prognosis of a dying individual to one who does not inquire of his condition
- Rabbi Israel Bettan says that physicians should have no reservations about holding back from revealing the truth to an individual when it appears to be in the best interest of the individual

Withholding Other Bad Information From A Dying Individual May Give Him Peace Of Mind

- The Shulchan Aruch Yorah Deah 337 suggests that if a close family member of a sick person dies, we should not share this news with the sick person for fear that the news will disturb the individual, aggravating his condition
- Rabbi David Bleich addresses the idea of *teruf hada'at*, troubling the mind. There are times, he says, when in order to heal completely, an individual's mind must be clear and free from mental distress

On Withholding Information About A Time Frame From A Dying Individual

- Elisabeth Kübler-Ross says that it can be destructive to give a dying individual a concrete time frame the physician expects him to live, in part because the time frame is a guess at best
- Jerome Groopman says that when people have statistics such as the amount of time they have left to live, they often live the rest of their lives in torment as they anticipate their deaths

Revealing Information To A Dying Individual Encourages Honest Relationships

- Rabbi Elliot Dorff says that dying individuals often have an accurate inclination about their medical prognosis. When they come to believe that people are withholding information from them, they come to distrust those people
- When those surrounding a dying individual refuse to acknowledge their impending death, they often feel that they need to maintain the perceived secret of their impending death in order to protect those around them
- Elisabeth Kübler-Ross says that some individuals discuss dying only with those people they feel can deal with it. With others, they will use the tactic of denial. This can be particularly unfortunate when the individual does in fact wish to explore their situation and impending death with others but feels that they cannot due to the perceived attitudes of others
- The Talmud and Maimonides warned that "one must not say one thing and mean another," that "inward and outward self should correspond"

Revealing Information To A Dying Individual Allows The Individual To Prepare

- Judaism permits us to broach the topic of death with an individual and to suggest that the individual write a will concerning his material possessions and also compose an ethical will for those he will leave behind
- In II Kings 20:1, Isaiah tells King Hezekiah, "set your house in order, for you shall die and shall not live"
- The Shulchan Aruch instructs, "One tells the dying to set his mind on his affairs...but let this not cause him to be afraid of death"
- The Beit Yosef encourages informing a dying person of his situation, saying, "words can cause neither life nor death"

Revealing Information To Dying Individuals Allows Them To Know About Their Situation

- The American principle of autonomy leads us to reveal the truth more often
- Phyllis Dvora Corn and Benjamin W. Corn say that the "right to know" and "right to tell" belong to the dying individual
- Elisabeth Kübler-Ross believes that the question should not be whether to reveal information to dying individuals, but how to reveal information to dying individual

Something To Keep In Mind

- We must examine "who" receives protection from revealing information to or withholding information from an individual

UNIT XIV: THE PSYCHOSOCIAL ISSUES FOR THE INDIVIDUAL FACING THE END OF LIFE:

LESSON 2: KÜBLER-ROSS'S EMOTIONAL STAGES OF DYING

Time Frame: This is a one hour class within an ongoing course

Intended Class Makeup: *Bikkur Cholim* Committee Members, 10-20 adults

Lesson Overview: Through this lesson, *bikkur cholim* committee members will become equipped with the tools to understand the emotional stages of dying, as outlined by Elisabeth Kübler-Ross, that an individual and his loved ones may experience. Through gaining this understanding, *bikkur cholim* committee members will be better prepared to make visits to dying individuals and to their families.

Enduring Understanding: Dying individuals and their families experience emotional stages of dying; these stages may happen out of order, and not everyone experiences all stages.

Essential Questions:

1) What are the main characteristics of the stage of denial?
2) What are the main characteristics of the stage of anger?
3) What are the main characteristics of the stage of bargaining?
4) What are the main characteristics of the stage of depression?
5) What are the main characteristics of the stage of acceptance?

Approach:

I. The rabbi and educator welcome everyone back to the next in the *bikkur cholim* committee's course. Fruit and muffins are put out in the middle of the table, and after a brief check-in to see how everyone's week has been, they

divide the group into groups of four to six people and hand out the following two case studies, one to each group. Each group has fifteen minutes to look over the case study and accompanying fact sheet, at which point the groups exchange case studies for the next fifteen minutes.

II. Case Studies (on attached sheets)

III. Educator calls the groups back together and tells everyone to take a 10 minute break before they regroup to discuss the case studies.

IV. Discussion facilitated by educator and rabbi:

1) Were you able to identify the stages experienced by the individuals in the case studies? (Answer – Benjamin was in the stage of depression, Sarah was in the stage of denial, Larry was in the stage of anger, Andrew was in the stage of acceptance, and Leah was in the stage of bargaining)
2) How did the case studies make you feel, what issues did they bring up for you?
3) Were you surprised to learn that such specific stages of dying have been identified?
4) What do you think about the fact that not all individuals experience all five stages, and that not all individuals and their families experience the stages at the same time?
5) How might you use the information you now have to help you as you make a visit to a dying individual and his family?
6) Before we send you off to make visits to congregants, are there any questions you have about Kübler-Ross's emotional stages of dying?

V. Closing

a. Make sure each committee member has a "Kübler-Ross's Emotional Stages of Dying Fact Sheet"

b. Take any last questions

c. Join together in closing class prayer: "May the Source of Strength give us the strength to fulfill the mitzvah of *bikkur cholim* to those in our community in need of healing. May we open conversations for them and serve as Jewish resources without pushing our personal views on them. May we serve as ears to our co-committee members as we learn to do this holy work together. May we serve as a source of their strength in partnership with the Holy Source of Strength. *Baruch Atah Adonai, Rofeh ha'Cholim.*"

Materials: Copies of the two case studies for all committee members, copies of the "Kübler-Ross's Emotional Stages of Dying Fact Sheet" for all committee members.

Kübler-Ross's Emotional Stages of Dying Case Study 1

Setting: Benjamin and his wife Sarah are in the car on their way home from his doctor's visit. The following conversation ensues:

SARAH: What are you feeling?

BENJAMIN: I'm wondering where we went wrong. We did everything the doctors' recommended, all of the treatments, everything. I guess I knew this was how it would end up.

SARAH: What do you mean, "how it would end up?" You sound like you've given up hope. He didn't say you're doomed to die.

BENJAMIN: Sarah, have you been listening to what the doctors have been saying over the past few weeks. There's nothing left to do, they recommend making me as comfortable as possible. I wonder what it means to be comfortable and dying at the same time.

SARAH: You're not about to find out.

BENJAMIN: Even now, you won't let me be comfortable. Thanks.

SARAH: What, do you want me to invite over all of your friends so we can throw you a "going away party?" No one will understand what we're going through anyway, and they'll be just as pessimistic as you.

BENJAMIN: No, please don't invite anyone over, I don't want to see anyone. I just want to go home, get in bed, and stay there.

SARAH: Should we call your brother?

BENJAMIN: We had a wonderful visit last month, I think I'd like to leave it at that. He knew he probably wouldn't make it up from Florida again before I went, we said our goodbyes. I don't want anyone to see me like this anyway.

SARAH: I can't believe how acquiescent you are to all of this, it's like you don't even care. See you like what?

BENJAMIN: This isn't me, look at me Sarah. I don't know how you even do look at me any more. Where has my hair gone? I'm skin and bones, I even miss the belly I used to work so hard to get rid of.

SARAH: You look as good as you always have, I love the way you look – when I fell in love with you, it was your eyes that I loved most. And they look just the same as always. Which is part of why I don't think this is really it, I think you're giving up too fast.

Questions For Discussion: Using the "Kübler-Ross's Emotional Stages of Dying Fact Sheet," can you identify into which stage Benjamin falls? Can you identify into which stage Sarah falls?

Kübler-Ross's Emotional Stages of Dying Case Study 2

Setting: Andrew and his nursing home roommate Larry sit by the window, having the following conversation.

LARRY: Look at it out there, it's a beautiful day, and we're all cooped up in here. I hate this place.

ANDREW: I think it's grown on me. Sure, I'd rather be out there, but not with all this gear I have attached to me.

LARRY: Are you just going to sit here, wasting away, for the short time you have left?

ANDREW: No, of course not. Is it better that I pray to God all the time, like Leah over there. She's always talking to Him, like He's going to answer her. Last month it was "let me make it to my great-granddaughter's Bat Mitzvah." Then after that happened, it was, "my granddaughter is expecting again in just four months. I'll pray every day and do everything the nurses say if you just let me live to see my newest great-grandchild." It's like she really expects a response.

LARRY: She's always been a little off.

ANDREW: Hey if it works for her, it works for her. As for me, my grandsons are coming tomorrow, and they're bringing their baseball card collection. They can't believe that I remember some of those guys...I can't believe some of those guys are just memories.

LARRY: I can't believe that we're about to join those guys in the grave. It's not fair, you know. I don't know how you visit with your family so often. Doesn't it make you angry

that they're all going to be around in a few years and we'll be gone? And never mind them, what about all of the other folks in this home, or those old guys sitting on the bench across the street. What did they do to deserve their health that I didn't do? It's like it doesn't matter what I do.

ANDREW: A few years? You're being awfully generous with yourself, now aren't you. In the few months I have left, I have so much to do. I have a lot to teach my grandsons, never mind what I have to teach their mother!

LARRY: I seem to remember that when you first came here, you did not get along with your daughter so well. Has that changed?

ANDREW: Yes, very much. I've spent a lot of time saying "I'm sorry," and she has said the same. I think our relationship now is stronger than it's been in the past thirty years. How is your daughter?

LARRY: Oh, don't get me started on my kids. I'm so angry with both of them.

ANDREW: Is now really the time that you want to push them away?

LARRY: I'm not pushing them away, they're as bad as the nurses here. Always making like they have my "best interest" at heart. But we all know it's my wallet that they're after.

ANDREW: Larry, it's so difficult to see you like this, you used to be such a cheery guy.

LARRY: Well you used to be miserable! Now you're Mr. Cheery these days. It's kinda strange to see you like this, I didn't know you had a nice bone in you.

ANDREW: Oy, I don't Larry. Here, let me beat you in cards again to prove it to you – aces are high?

Questions For Discussion: Using the "Kübler-Ross's Emotional Stages of Dying Fact Sheet," can you identify into which stage Larry falls? Can you identify into which stage Andrew falls? Can you identify into which stage Leah falls?

KÜBLER-ROSS'S EMOTIONAL STAGES OF DYING

FACT SHEET

The Stage of Denial:

- Denial is a common initial reaction to learning that one is dying
- Denial helps cushion the impact of an individual's awareness that death is inevitable
- Denial acts as a buffer, especially after receiving unanticipated news
- Denial is natural; one does not need to force a person out of the stage of denial
- Denial is often accompanied by feelings of isolation – it is important for individuals to understand during this stage that they are not alone
- Denial is characterized by the "no, not me" reaction

The Stage of Anger:

- During the stage of anger, an individual grows resentful that while he will die, others will remain alive and healthy
- During the stage of anger, patients experience feelings of a lack of control
- Anger is often misdirected and can lead to family members with hurt feelings; people in this stage run the risk of pushing away those who wish to help them
- God is a common target for anger
- Anger is characterized by the "why me" reaction

The Stage of Bargaining:

- Bargaining occurs when an individual realizes that there is a slight chance that he will be rewarded for good behavior
- Individuals accept that death will come but bargain for more time
- Individuals, even those who never spoke to God before, frequently bargain with God
- Individuals may bargain with other people
- Individuals who bargain often create goals for themselves, such as a child's wedding
- Bargaining is characterized as "yes me, but..."

The Stage of Depression:

- During the stage of depression, an individual enters the stage of "preparatory grief," preparing for the arrival of death
- Individuals in the stage of depression will grow quiet, not wanting visitors
- When an individual in the sage of depression no longer wants to see a specific person, this may indicate that the individual has finished his unfinished business with that person
- Preparatory depression is preparation for the final separation from life and can be a very profound depression
- Reactive depression deals with past losses, such as the loss of one's physical appearance

- Allowing a dying individual to be sad can help the individual move towards acceptance
- Depression is characterized as "yes me"

The Stage of Acceptance:

- The stage of acceptance lacks feelings and is not a resignation, but a victory
- Not all individuals experience the stage of acceptance. The more an individual fights an illness, the less his chances are of experiencing the stage of acceptance
- Acceptance is the stage at which individuals try to make the most of their remaining time
- Individuals in the stage of acceptance may wish to finish unfinished business, reconcile relationships, follow their life's goals, and take part in *tshuvah*
- When an individual enters the stage of acceptance, his family may need more help and support than the dying individual
- Acceptance is characterized as "my time is very close now and it is all right"

Other Facts about Kübler-Ross's Stages Of Dying

- Individuals aware of their own terminal illness or imminent death may experience these five stages
- The stages can occur out of order and may return again after their original occurrence
- Not all individuals experience all five stages
- The families of dying individuals may also experience these five stages

- Dying individuals and their families may experience these stages at different times through the dying process and do not always experience the same stage at the same time
- Individuals more willing to discuss their current experiences with others more easily experience the five stages

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