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The End-of-Life:
What Judaism Teaches Us About
How to Die

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**THE END OF LIFE:
WHAT JUDAISM TEACHES US ABOUT
HOW TO DIE**

Thesis submitted in partial fulfillment
of the requirements for Rabbinic Ordination

by
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Advisor
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*He is like a tree planted beside streams of water,
which yields its fruit in season,
whose foliage never fades.
and whatever it produces thrives.*

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THE END OF LIFE: WHAT JUDAISM TEACHES US ABOUT HOW TO DIE

Thesis for Rabbinic Ordination
By Susan Warshaw

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INTRODUCTION

מי גבר יחיה ולא יראה מות

What man can live and not see death

---Psalm 89:49

The final journey we all take in life is that of death. No matter who we are, or what we do, we all know that one day we will die. Sometimes death is the result of violence, sometimes an act of nature, sometimes the end of a long disease. We watch it on TV, see it on movie screens, play with it in video games, and try to understand the enormity of death that occurs in natural disasters. And yet, in contemporary culture, the medical process and social customs have distanced us from the experience of death. We all know we will encounter death, yet many of us fear death, are reluctant to talk about it, and know little about the actual death process.

At the turn of the century, death was a familiar and natural part of life, occurring most often at home with, at best, a doctor's visit. But with new medical advances in the 1950's and 1960's death moved to the hospital. Not only has death moved from the home to the hospital, but the increasing sophistication of medicine has allowed many people to be aware that they have a life-challenging, terminal disease; in some cases physicians can predict with relative accuracy the course of a disease and an expected life-prognosis. In the past thirty years, the impact of modernity has shaken our understanding of, and relationship with, death. For Jews, the "fundamental ideas of community, *halakha*, realism, and God,"¹ have all been challenged by new medical advances and treatments.

The idea for this thesis began almost two years ago, when I had a friend who learned he was dying of stomach cancer. Although not a "religious" man, he did identify himself as Jewish,

1. Jack Riemer (ed.), *Jewish Reflections on Death* (New York: Schocken Books, 1974), 13.

and certainly lived a culturally Jewish, if not a religiously Jewish, life. And yet, when he was diagnosed, the first thing he asked me was “What does Judaism have to teach me about death? What does the tradition say about this stage in my life?” I took his questions seriously, and began to explore what, indeed, Judaism has to say to contemporary Jews suffering from a life-challenging illness, even those whom Simka Weintraub describes as not having Judaism, with its everyday rituals and prayers, “in their back pocket.”² I wondered how the Jewish imperative to choose life can be reconciled with the knowledge that one’s life journey is nearing its end, and that it is time to prepare for death.

The topics of death, funerals, and *shiva* are well covered in the Jewish literature. In fact these customs have not basically changed over the centuries. As Jews, we know how to take care of the dead and how to comfort mourners. We do this well. What we don’t do so well is teach people how to die. As I researched, I realized that Judaism has much to teach about dying, but that this is a topic we shy away from, one we would rather not talk about, and one which most of us would like to ignore. And yet, as the population ages, and as new medical advances make more of us aware “of the length of our days,” rabbis and chaplains need to address this need and make ourselves knowledgeable about, and comfortable with, death and dying.

Since the publication of Elisabeth Kubler-Ross’ groundbreaking volume *On Death and Dying* (1969) much attention has been brought to the issue of the psycho-spiritual health of the dying patient. In her book, Kubler-Ross proposes that the process of death unfolds through five psychological stages: denial and isolation, anger, bargaining, depression, and finally acceptance.³ Although contemporary social psychologists and researchers now propose additional theoretical

2. From a telephone conversation with Simka Weintraub of the National Center for Jewish Healing, December 19, 2006.

3. Elisabeth Kubler-Ross, *On Death and Dying* (New York: Macmillan, 1969).

models for the dying process,⁴ Kubler-Ross' classic research has revolutionized end-of-life care. As a result we now realize that dying is a spiritual, and not just a physical, process. For Kubler-Ross dying is a natural part of living. As to a Jewish approach to dying Kubler-Ross herself has written: "I always wondered why the Jews as a people have not written more about death and dying."⁵ Although rabbis and Jewish pastoral care givers are beginning to explore Jewish rite and ritual that will help make the process of dying a spiritual one for the patient and their families, these resources are not easily available in one place.

The question may be asked, why has there been a lack of Jewish resources on the dying process (for "modern" dying is certainly a process, and not simply an event)? This question can be answered in several ways. First, Jewish chaplains have yet to establish a way of providing overall pastoral care in a manner that is uniquely Jewish. According to Dayle Friedman, until the publication of her book *Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources*, there was "...little practical literature or theory to guide caregivers in the work of Jewish pastoral care." At the same time she characterizes the demand for care which is steeped in the Jewish tradition as "intensifying day by day."⁶

4. Many researchers do not now believe that a person needs to go through all five of Kubler-Ross' stages. Several different models for the dying process have been proposed; among them is that of Charles A. Coor, who believes that people differ in tasks and needs that are important to them as well as in their method of coping. Coor stresses that the model must respect individuality. Debbie Messer Zlatin believes that it is important to take the focus away from how the observer deals with the dying process; rather, she tries to learn how the dying person interprets his or her own reality: she then incorporates this into understanding and helping the terminally ill person. Another approach which stresses personal uniqueness is advocated by William McDougall; he believes that the totality of a person's life as well as his or her own personality and experiences will influence her or her method of coping with impending death.

Baxter Jennings, Charlene Gemmill, Brandie Bohman, Kristin Lamb, "The Stages in the Dying Process: Kubler-Ross and Other Approaches," <http://www.uky.edu/~cperring/kr.htm>.

5. Riemer, 2.

6. Dayle A. Friedman, "Introduction," *Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources*, 2nd edition, (Woodstock, Vermont: Jewish Lights Publishing, 2005), xvii.

Second, "the education of Jewish pastoral caregivers may be a factor."⁷ Many Jewish chaplains are graduates of Clinical Pastoral Education programs (CPE). The Association for Clinical Pastoral Education defines CPE as

...an interfaith professional education for ministry. It brings theological students and ministers of all faiths (pastors, priests, rabbis, imams and others) into supervised encounter with persons in crisis. Out of an intense involvement with persons in need, and the feedback from peers and teachers, students develop new awareness of themselves as persons and of the needs to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry.⁸

This interfaith approach to pastoral care was originally developed by Christian clergy, and is a prerequisite to ordination and investiture at many Jewish seminaries. Friedman writes that those who get CPE training acquire "...skills and perspective unavailable to most of those who have not trained in this way." However, because of the Christian origins of the discipline, the Jewish clergy "...have not yet had the opportunity to articulate this enterprise in a Jewish idiom, or to search out our tradition for its wisdom and practical guidance."⁹

Rabbi Amy Eilberg, in her essay "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones,"¹⁰ elucidates a further factor. Eilberg notes that there is a strong popular belief among Jews that life should be preserved at all costs. She writes that in working with hospice patients, she has observed that "...many nontraditional Jewish families, not particularly observant or literate in classical Jewish text, are convinced that Jewish law teaches that one should never give up on life."¹¹ While Judaism does stress the imperative of

7. Michelle Pearlman, *Care for the Dying: Maavar Jabbok* (Rabbinic Thesis, New York: Hebrew Union College-Jewish Institute of Religion, 2005), 89.

8. From the website of *The Association for Clinical Pastoral Education, Inc.* "What is Clinical Pastoral Education?" <http://www.acpe.edu/>

9. Friedman, xviii.

10. Amy Eilberg, "Walking in the Valley of the Shadow: Caring for the Dying and Their Loved Ones" in *Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources, 2nd Edition*. Dayle A. Friedman (ed.) (Woodstock, Vermont: Jewish Lights Publishing, 2005), 376.

11. Eilberg in Friedman, 377.

ובחרת בח"ס (Deuteronomy 30:19), "you must choose life," the tradition also acknowledges that each of us must someday face our own death. There is, indeed, a Jewish way of dying.

Modern Jews, in general, have been slow to come to terms with their own mortality. Eilberg continues, "Like everyone else Jews struggle with denial, fear, grief, and uncertainty in the face of death. Yet for us these personal feelings are also interwoven with national feelings, a passion for life that lies deep within the Jewish psyche, in our collective consciousness, shaped and reinforced throughout Jewish history."¹² Eilberg's comments demonstrate that although the imperative to choose life is an element of our collective Jewish consciousness, it is also possible "to use this imperative as a psychological crutch. This psychological crutch allows us to be comfortable with our paucity of end of life liturgy. If we do not create new rituals to help ourselves and our congregants face death, we will remain firmly ensconced in denial."¹³

For the congregational rabbi, who is often the patient's primary connection with Judaism, the "modern liturgical resources...are insufficient."¹⁴ When one surveys the rabbinic manuals of the different movements in Judaism, it is clear that there is no comprehensive liturgical source for the end-of-life.¹⁵ We now know that death is a spiritual process which can unfold over a period of months, weeks, or days: however our current end-of-life resources focus only on the moment of death. Though all the rabbis' manuals looked at for this thesis contained a *vidui*, a confessional service, this service was short and the prayers that were included in the manuals were brief.

12. Eilberg in Friedman, 376.

13. Pearlman, 91.

14. Ibid., 91.

15. Manuals looked at were two from the Orthodox perspective: *Hamadrakh* (1939) and *The RCA Lifecycle Madrikh* (2000); Conservative perspective: *L'kutei T'fillah* (1965) and *Moreh Derech* (see section D, pages D3-D26); the *Reform Rabbi's Manual* (1988) (see pages 191-196); and the *Reconstructionist Rabbi's Manual* (1997). These manuals, with the exception of the Reconstructionist manual, contain only a short confessional service, which is very brief. The Reconstructionist Manual has no end-of-life liturgy.

It is my hope that this thesis will provide rabbis¹⁶ and Jewish chaplains a guide as to how to approach end-of-life issues, particularly for those patients who are diagnosed with a life-challenging illness. Traditional Judaism does teach us a way to die; this however is not a subject which is taught in rabbinical school. Rabbis learn how to conduct a funeral, but not about the tradition's approach to dying; in addition, *halakha* as to the dying person is clouded by perceived differences between the various Jewish movements.

In this thesis I will first explore the way in which death and dying are treated in the tradition: the Bible, Talmud, and Midrash. In the second chapter medical ethics and *halakha* as they pertain to contemporary medical reality are examined. In the third chapter I share the stories and wisdom learned from my personal interviews with those who were dying and their families. The fourth chapter explains and examines prayer and ritual which may be used by rabbis and chaplains at the end-of-life. The last chapter explores Jewish views on the afterlife, a subject about which many Jews are unaware.

16. Especially rabbis from the Reform movement, since that is my background and my training.

CHAPTER 1

DEATH AND DYING IN THE JEWISH TRADITION: BIBLE, TALMUD, MIDRASH

לכל זמן ועת לכל חפץ תחת השמים.
עת ללדת ועת למות

*A season is set for everything, a time for every experience under heaven.
A time for being born and a time for dying.*

---Ecclesiastes 3:1-2

I. BIBLE: Death as Part of Life

We begin by looking at Jewish texts¹⁷ to discover what our tradition teaches about the process of death and dying. In the Bible, death is viewed as a natural part of life.¹⁸ It is "as predictable a part of living as being born and growing, and is a necessary end to a life well lived."¹⁹ Jewish sources emphasize God's role as Creator and the immensity of God and the universe in contrast to the short span of human life. This may be seen in Psalm 90:

You engulf men in sleep:

at daybreak they are like grass that renews itself;

at daybreak it flourishes anew;

by dusk it withers and dries up.

The span of our lives is seventy years.

or, given the strength, eighty years;

but the best of them are trouble and sorrow.

They pass by speedily, and we are in darkness...

Teach us to count our days rightly, that we may attain a heart of wisdom.²⁰

---Psalm 90:5, 10, 12

In the Genesis narratives the patriarchs are depicted as living full lives before dying of natural causes. Both Abraham (Genesis 25:8) and Isaac (Genesis 35:29) live long lives before

17. The Hebrew Bible, the Babylonian Talmud (BT), and various collections of Midrash.

18. Kent Harold Richards, "Death" in the *Anchor Bible Dictionary*, David Noel Friedman, ed. (New York: Doubleday, 1966), vol. 2, 188.

19. Amy Eilberg in Friedman, 376.

20. Jewish Publication Society translation, Exodus 15:26. Translations used throughout this thesis are from the JPS translation. *JPS English-Hebrew Tanach* (Philadelphia: The Jewish Publication Society, 1999).

“being gathered to their kin.” The story of the death of Jacob (Genesis 47:29-49:33) may provide a model for the steps one must take at the end of life. The Talmud (*BT Baba Metzia* 87a) remarks that Jacob is the first individual to experience illness preceding his death. Jacob knows his condition is terminal, and that he is going to die. His son Joseph is told of his father’s illness and is summoned to Jacob’s bedside so that Jacob can begin his end-of-life preparations.

After Jacob completes his deathbed instructions to his sons he is ready to surrender to death. The biblical term used for putting one’s affairs in order is *לצות*. This expression and its grammatical variants are used in many other biblical contexts (Genesis 50:16, 2 Samuel 17:23, Isaiah 38:1, and 2 Kings 20:1) where biblical characters command others to heed their deathbed wishes.²¹ Only after putting his affairs in order is Jacob able to die in peace.

To carry out his father’s final wishes Joseph is asked to swear with *חסד ואמת*, “kindness and faithfulness,” that he will bury his father’s bones in the ancestral cave of Machpelah in Canaan (Genesis 47:29). The same term, *חסד ואמת* is referred to in Exodus 34:6 as an attribute of God. Joseph is not only asked to heed his father’s wishes, but to emulate God in carrying them out. Like his father Jacob, Joseph asks not to be buried in Egypt, but that his bones be taken to Canaan (Genesis 50:24). And as Joseph honored his father Jacob’s final wishes, Joseph’s request is honored by the Israelites with *חסד ואמת* when they carry Joseph’s bones through the Exodus to the promised land.

We learn several values about the process of dying from the story of Jacob. First, Jacob is surrounded by family members. Second, the biblical story instructs that dying people should be engaged in a review of their life. Jacob reviews stories from his life with his son, and recounts

21. Pearlman, 4.

the source of his unique relationship with YHWH (Genesis 48:3-4 *ff*). The story also emphasizes the importance of discussing the subject of inheritance. By adopting his grandsons Ephraim and Menasseh, Jacob gives them inheritance rights equal to the rights of his own sons. Engaging in life review and dealing with inheritance is, according to this biblical text, an important Jewish way of preparing for death.²²

Finally, Jacob blesses all his sons, but gives his final blessing to Joseph. The biblical model here stresses the importance of appointing a successor. Jacob does this in front of all the concerned parties, so that his wishes are not in dispute after his death. Only after Jacob has given specific burial instructions (Genesis 49:29-32) is he able to take his last breath.

BIBLE: Importance of Visiting the Sick

The earliest model we find for visiting the sick is that of God. In the book of Genesis (Genesis 18:1) God visits Abraham when the patriarch is recuperating from his circumcision. In the Talmud the rabbis elaborate in detail on the important *mitzvah* of visiting the sick (see pages 15-19).

BIBLE: Healing

In Exodus 15:26 we learn that it is God who brings disease if we do not follow God's commandments and laws, but it is also God who is the healer: "If you will heed the Eternal your God diligently, doing what is upright in God's sight, giving ear to God's commandments and keeping all God's laws, then I will not bring upon you any of the diseases that I brought upon the Egyptians, for I the Eternal am your healer (כי אני יהוה רפאך)."

22. Both life review and inheritance are important in the writing of ethical wills, a practice which becomes prominent in the later medieval and modern periods. See Appendix D.

Leviticus 19:16 calls on us not to shirk our responsibility to seek healing when we witness illness: "Do not deal basely with your countrymen. Do not profit by the blood of your fellow: I am Adonai." Maimonides²³ writes that it is a *mitzvah* to try to restore lost health to someone who is ill. These (and other rabbinic texts) illustrate a fundamental Jewish ethic: that of the dignity and sanctity of human life, and the preservation of that human life in dignity and sanctity.

BIBLE: God as a Source of Comfort and Strength

The view of God as a source of comfort and strength and a healer of the spirit appears in many Jewish sources. It is especially evident in the book of Psalms,²⁴ where God is:

קרוב יהוה לכל קראיו לכל אשר יקראוהו באמת
...near to all who call God, and all who call to God with sincerity ---Psalm 145:18

As Psalm 23 says: גם כי אלך בגיא צלמות לא אירא רע כי אתה עמדי

*Though I walk through the valley of the shadow of death,
I fear no harm for You are with me---Psalm 23:4*

And in Psalm 147 we read: הרפא לשבורי לב ומחבש לעצבותם
[Adonai] heals their broken hearts, and binds up their wounds --Psalm 147:3

II. RABBINIC Perspectives on Illness and Dying

Dr. Rachel Adler points out that there existed for the rabbis a great ambivalence about death.²⁵ One rabbinic perspective, that the day of one's death is better than the day of one's birth, is found in *midrash*. In *Exodus Rabbah* 48:1 we read: "And the day of death is better than the

23. The great philosopher and *halakhist* Moses Maimonides (1135-1204) was also a practicing physician serving as court doctor to the Sultan of Cairo. Maimonides, commenting on Deuteronomy 22:2 ("If your fellow does not live near you or you do not know who he is, you shall bring it [a lost ox or sheep] home and it shall remain with you until your fellow claims it; then you shall give it back to him.") bases the obligation to heal on this command to restore lost property. Just as we are commanded to return a lost sheep or ox, we are commanded to return a person's health. Elliott Dorff, *Matters of Life and Death* (Philadelphia: The Jewish Publication Society, 2003), 27.

24. See Simkha Weintraub (ed.), *Healing of Soul, Healing of Body: Spiritual Leaders Unfold the Strength and Solace in Psalms* (Woodstock, Vermont: Jewish Lights Publishing, 1994).

25. Personal conversation, January, 2007.

day of one's birth (Ecclesiastes 7:1). The day on which a great person dies is better than the day on which he was born: because none knows, on the day of his birth, what his deeds will be, but at his death, his good deeds are published unto all, and for this reason is *the day of death better than the day of one's birth.*"

Another rabbinic teaching (*Ecclesiastes Rabbah* 7:4) comments on the same verse from Ecclesiastes with this parable of birth and death. "Birth and death can be thought of like the launching of a ship. People are apprehensive when a ship leaves, for they do not know what storms and adventures may befall it. When it docks in a safe harbor, everyone celebrates. We do the reverse with people--we celebrate birth, although not knowing what life will hold, and we mourn over death. But death is really the return, the docking in a safe harbor." The *midrash* continues, "when a person dies all should rejoice and offer thanks that he [or she] has departed from the world with a good name, and in peace."

The majority of the rabbis of the Babylonian and Palestinian Talmuds understood illness to be a punishment for sin. "There is no suffering without sin," teaches *BT Shabbat 55a*. In the *Mishnah* we read: "For three sins women die in childbirth: because they are not observant of [the laws of] *niddah*, *hallah*, and the kindling of the [Sabbath] lights."²⁶

In *BT Shabbat 33a* we read that Rabbi Oshaiah said: "He who devotes himself to sin, wounds and bruises break out over him, as it is said, *Snipes and wounds are for him that devoteth himself to evil* (Proverbs 20:30). Moreover, he is punished by dropsy, for it is said, *and strokes reach the innermost part of the belly* (Proverbs 20:30)." Rabbi Nahman ben Isaac said: "Dropsy is a sign of sin." Our rabbis taught: there are three kinds of dropsy: that which is

26. *BT Shabbat*, 31b.

punishment of sin is thick; that caused by hunger is swollen and what is caused by magic is thin.”

It may be seen that, in the estimation of the rabbis, a sinner would be punished properly for his sin. In the absence of the rabbis’ earthly authority to impose such punishment, the rabbis trust that God will take action. Deaths which seem accidental (falling into a fire, suffering a snake bite, etc.) or merely unfortunate, such as disease, are considered as acts of Divine retribution.²⁷

The need of a rabbi or caregiver to advocate for the sick person is seen in *BT Berachot 5a-b*, where the sick Rabbi Yochanan is visited by Rabbi Chanina. When asked by Rabbi Chanina if he derives benefit from his suffering, Rabbi Yochanan answers in the negative. Rabbi Chanina is asking Rabbi Yochanan if he has become accustomed to his state of illness and all the rewards of heightened attention it affords him. Rabbi Yochanan answers that he is willing to forego his suffering, relinquishing claim to all that is afforded him because of his illness. Rabbi Chanina takes Yochanan’s hand and Yochanan is cured of his illness. Through his line of questioning, Rabbi Chanina becomes Rabbi Yochanan’s earthly advocate, which allows God to heal Rabbi Yochanan.

Just prior to this scene, there is a story of Rabbi Yochanan helping to cure Rabbi Chiyah ben Abba in the same manner. The logical question is then asked: if Yochanan is able to cure ben Abba, why is he not able to cure himself without Chanina’s help? The *gemara* explains that as a prisoner cannot free himself from jail, so a patient is unable to cure him or herself. Even a great sage like Rabbi Yochanan needs someone to advocate for him. The important role of an advocate

27. Pearlman, 10.

is found in the *Vidui*, the confession of sin at the end of life,²⁸ where the dying person must have an attendant, like Chanina, to hear his confession.

In a third story from *BT Berachot 5b*, Rabbi Yochanan is not only reminded of his own mortality, but learns to be a more compassionate visitor. Rabbi Eleazar fell ill and Rabbi Yochanan went to visit him. He notices that Rabbi Eleazar is lying in a dark room, so Rabbi Yochanan bares his arm and light radiates from it.²⁹ Thereupon he sees that Rabbi Eleazar is weeping, and he asks him, "why do you weep?" Eleazar replies: "I am weeping on account of this great beauty (that of Rabbi Yochanan) that will rot in the earth." And Rabbi Yochanan answers that surely Rabbi Eleazar has a reason for great grief.³⁰ And the healer and his patient sit in the room and they weep together. In the meantime Eleazar is asked if his sufferings are welcome to him. When he replies that neither they nor their reward are welcome, Rabbi Yochanan heals him.³¹

Another rabbinic story, this one from *BT Ketubot 104a*, teaches the principle that "while death may not be hastened, it is permissible to halt an artificial intervention, if the patient would expire soon and naturally if we left him alone."³² We may not cut short a life, but on the other hand we may not prolong death. This is an important principle for those suffering a terminal illness. Although there is a time to fight for life, there comes also a time when one must let go.

28. See Chapter IV.

29. Rabbi Yochanan was supposed to be so beautiful that a light radiated from his body (*BT Baba Metzia, 84a*).

30. Simkah Weintraub's interpretation of this story is that even the body of one so beautiful as Rabbi Yochanan is destined to rot away and that in this story Rabbi Yochanan has now understood the meaning of mortality. Telephone conversation, December 2006.

31. For a fascinating interpretation of these three stories of Rabbi Yochanan see: Laurie Zoloff, "And He Gave Him His Hand and Raised Him from the Bed: Healing and the Healer in Jewish Ethics," in *The End of Life—A Distance Education Mini-Course*, November 2002. Union of Reform Judaism: Produced by the Joint Commission Online in Partnership with The Kalsman Institute on Judaism and Health.

32. William Cutter, "Rabbi Judah's Handmaid: Narrative Influence on Life's Important Decisions," in *Death and Euthanasia in Jewish Law*, ed. Walter Jacob and Moshe Zimmer (Tel Aviv: Rodef Shalom Press, 1995), 12.

Rabbi Judah³³ suffered from long-term, chronic pain. It is unclear what physical ailment tortured him, but whatever it was caused him enormous pain when he urinated. Talmudic legend (*BT Bava Metzia 85a*) claims that every time he went to the privy, people could hear his screams three miles away, even over the cacophonous noise of his great herd of cattle as they stampeded to their feeding troughs (his steward tried in vain to cover his master's cries by throwing grain into the troughs whenever he saw Rabbi Judah heading for the privy). Even sailors at sea could hear his screams of agony.

The well-known story of Rabbi Judah and his "handmaid" is part of a larger talmudic *sugya* in which may be found two different deathbed scenes of Rabbi Judah (*BT Bava Metzia 103a-b*). In the first deathbed story, Rabbi Judah surrounds himself with his sons, his wife, and students and his colleagues. He settles his affairs, instructs his sons to care for their stepmother, names his younger son as his successor at the Academy, buys his burial plot at Beit Shearim and plans his own funeral. The dying man is completely in charge.

In the second deathbed scene Rabbi Judah is living alone with his handmaid. His students and colleagues do not come near him, but instead gather outside his house to fast and to pray for heavenly mercy. Furthermore they announce that whoever says that Rabbi Judah is dead will be stabbed with a sword. Here Terry Treseder argues that "the Talmud assumes that prayer and fasting are similar to modern medical procedures which can prolong life and ultimately prolong death."³⁴

33. Rabbi Judah HaNasi. A fifth generation *tanna* who redacted the *Mishnah* around 200 CE.

34. Terry Treseder, *Mourning the Psychological Loss of Progressive Dementia: Prayer, Ritual and Support for Family Caregivers* (Los Angeles: Rabbinic Thesis, Hebrew Union College-Jewish Institute of Religion, 2006), 62.

The woman who is caring for Rabbi Judah, his handmaid, “ultimately knows what is best for her master.”³⁵ At the beginning of his final dying she prays for longer life; however when she sees that his is not getting better, and that he is in extreme pain and suffering, she climbs on the roof and says (to God): “those above are claiming Rabbi, and those below are claiming Rabbi. Let it be [Your] will that those below overturn those above.” But when she sees how many times he went to the privy, and [how he kept] taking off and putting on his *tefillin*, and [how he was continually] doubled up in agony, she says [to God]: “Let it be Your will that those above overturn those below.” Her prayer is ignored by the the rabbis who are praying outside the house. And so the handmaid picks up a jar and hurls it from the roof to the ground. The rabbis are startled and stop praying, and this allows Rabbi Judah to die. It is instructive to note here that in this story the rabbis do not condemn Rabbi Judah’s handmaid for her actions. Rather, many modern scholars argue that their silence implies approval.³⁶

This story may also be used to illustrate “the paradox of illness as a gift, a way God has given us to prepare for death. The progressive symptoms and disability of illness can help the person who is forced to confront death gradually adjust to leaving this life.”³⁷ In this story Rabbi Judah’s handmaid comes to realize that death is not only an enemy to be battled, but also the inevitable and natural culmination of life. This understanding enables her to let go of her connection to Rabbi Judah, who is suffering greatly, and allows him to die. Like the handmaid,

35. Ibid., 62. Rashi calls Rabbi Judah’s handmaid a חכמה, a wise woman, based on her knowledge of Hebrew. She frequently taught the rabbis obscure Hebrew words (*BT Megillah 18a*).

36. This story is used by Jewish ethicists to allow for the discontinuation of artificial means of life support: Walter Jacob, Responsum #85 in *Contemporary American Reform Responsa* (New York: Central Conference of American Rabbis, 1992); Solomon Freehof, Responsum #27 and #77 in *Reform Responsa* (Cincinnati: Hebrew Union College Press, 1980); and Moshe Zimmer Responsum in “Passive Euthanasia” in *Halakha Shefuya* (Tel Aviv, 1993) reproduced in *Death and Euthanasia in Jewish Law* (Jacob and Zimmer, eds.).

37. Ira Byock, comment on “Praying for Healing Unto Death: A Story About the Death of Rabbi Judah HaNasi” in *The Outstretched Arm*, The National Center for Jewish Healing, Winter 2001, 11.

we learn that we must be prepared to loosen our selfish hold on a person who is suffering, and allow him or her to leave with our love and blessing.³⁸

RABBINIC Tradition: *Bikkur Cholim* and *Gemilut Chasidim*

The power of the important Jewish value of *bikkur cholim*,³⁹ or visiting the sick, is emphasized in many places in the Talmud. *BT Nedarim 40*, in a *baraita*, states "Visiting the sick has no limit." Rav Yosef understood this *baraita* to mean that there is no limit to the reward heaven will give to the one who engages in this *mitzvah*.

Tractate Nedarim also contains practical details relating to *bikkur cholim*. Rabbi Abaye understands "no limit," in the *baraita* above, to imply that a person of high status is required to visit an ill person of lesser status. His reading is that there should be no limit imposed by the social distance between the visitor and the ill person. Rava suggests that this *baraita* eliminates all possible limits on the amount of times a person should engage in *bikkur cholim*. A sick person can be visited even 100 times a day.

Nedarim (39b-40a) depicts the visitors engaged in *bikkur cholim* as agents of change. In 39b the *gemara* states:

כל המבקר חולה נוטל אחד מששים בצערו
All who visit a sick person lift away one sixtieth of his suffering.

38. Another interesting interpretation of this story is by Fran Greenberg, in *The Outstretched Arm*, op cit., 11. "The shattering of the jug precipitates the inevitable moment that separates life from death. It frees the eternal life spark to rejoin the invisible as it leaves the body and returns to its source. It marks both the beginning and the end--the beginning of the new life and the end of the old, the beginning of freedom and the end of enslavement. In essence, this shattering is the shock of release. Resolving both ambivalence and suffering, it forces and defines the separation of dark from light, of soul from body, which, like the jug, no longer presents a viable vessel. In an instant all involved (the students, the handmaid, and of course the Rabbi) enter the presence of the present. Attachment, longing, doubt, fear, regret, are no longer a choice. Like a hologram, the shattered jug exquisitely mirrors the moment and contains the whole. Each piece reflects Rabbi Judah's life on earth--his kindness, joy, suffering, and brilliance, enliven even the smallest one. While the emptiness that remains forever bears witness to the great mystery--to the void, the infinite, the invisible, unlimited and divine." (Fran Greenberg is a psychotherapist who uses imagery and dreamwork for emotional and physical healing.)

39. For a helpful contemporary guide on visiting the sick see Jane Handler, Kim Hetherington, Rabbi Stuart Kelman, *Give Me Your Hand: Traditional and Practical Guidance on Visiting the Sick: Bikkur Cholim* (Adas Israel Congregation, Washington DC, 1988).

Although healing, as we learned in Exodus 15:26,⁴⁰ is controlled by God, a visitor is thought to have an influence on the process. Rav Dimi affirms the power of this *mitzvah* by stating that any person who visits the sick causes that person to live. The opposite is also true: any person who fails to visit the sick can be held responsible for that person's death:

It happened that one of Rabbi Akiva's disciples became ill and none of the sages visited him. Then Rabbi Akiva himself went to the disciple's house and because he saw to it that the floor was swept and sprinkled with water, the man recovered. "My master, you have restored me to life," the disciple said.

Akiva went out and taught: he who does not visit the sick is like someone who sheds blood. Rabbi Dimi said: "He who does not visit the sick causes him to die."⁴¹

A central obligation of Jewish life is the *mitzvah* of *gemilut chasidim*, or acts of loving kindness. Simeon the Righteous, in *Mishna Avot 1:2* states that the world stands on three things: on Torah, on the Temple service, and on *gemilut chasidim*. Every Jew is obligated to find ways in which he can be kind to his fellow human beings, including visiting and caring for them when they are sick.

In *BT Sotah 14a* we learn that in doing acts of loving kindness one is acting *imitatio dei*. In this *sugya* the rabbis focus on the verse from Deuteronomy 13:5: "You shall walk after the Lord your God." The rabbis debate if it is possible to literally follow God. They decide that it means that one should follow God by imitating God's virtues. "The Holy One, Blessed be He, visited the sick....so you too shall visit the sick." In caring for the sick one is emulating God's behavior. Not only does God visit the sick, but according to *BT Nedarim 40a* the Divine Presence actually dwells above the bed of all who are ill.

40. "He said: 'If you will heed Adonai your God diligently, doing what is upright in His sight, giving ear to His commandments and keeping all His laws, then I will not bring upon you any of the diseases that I brought upon the Egyptians, for I, Adonai, am your healer.'" Exodus 15:26

41. *BT, Nedarim, 40a.*

Several practical issues of visiting the sick are found in *Tractate Nedarim*, including the time of visiting and the seating arrangements in the sick room. In *Nedarim 40a* we read that one should neither visit a sick person in the first three hours of the day nor in the last three hours. In the first three hours the person may seem comfortable, and the visitor may assume no prayer is necessary; late in the day, the sick person's condition may worsen and a visitor could falsely assume that a prayer would be hopeless. A visitor should not sit upon the bed or on a chair, but rather on the ground, although in *BT Shabbat 5a* we read that a visitor is supposed to sit in front of the sick person, rather than on the ground. In modern times this is certainly more appropriate. We sit so that we are on the same level as the patient, and we sit where it is easy for the patient to make eye contact with us.

In the *Shulhan Aruch*, the sixteenth century codification of Jewish law by Joseph Caro, and with glosses (or additions) by Moses Isserles⁴² we find the following rules for visiting the sick:⁴³

Chapter 335. When to visit the sick, which sick persons should be visited, and how to pray for the sick.

1. It is a religious duty to visit the sick.⁴⁴ Relatives and close friends should enter at once, others after three days. If the illness is serious, both groups can visit him at once.
2. Even a distinguished person should visit a humble one. The more one visits, the more praiseworthy it is, provided only that the visits do not become a burden to the patient.

42. *Shulhan Aruch*, "The Set Table," is a legal code compiled by Rabbi Joseph Caro in the sixteenth century and is still a standard legal code today. For additional information on Joseph Caro and the *Shulchan Aruch* see Menachem Elon, *Jewish Law: History, Sources, Principles*. Bernard Auerbach and Melvin J. Sykes (trans.) (Philadelphia: Jewish Publication Society, 1994), 3:1309-1344.

43. Rabbi Joseph Caro with Glosses of Rabbi Moses Isserles, *Code of Hebrew Law: The Shulhan Aruk: Yoreh De'ah*. Chaim N. Denburg, trans. (Montreal: The Jurisprudence Press, 1954), 2-6.

44. See Appendix A for guidelines to encourage good conversation with the dying.

Gloss: Some say that an enemy may not visit a sick person. However, this does not seem plausible to me. But he should not visit a sick person whom he hates lest the patient think that he is rejoicing at his misfortune and become depressed.

3. One who visits the sick should not sit upon the bed or upon a chair or upon a stool but should sit in front of the patient, for the Divine Presence rests above a sick person.

Gloss: This applies only if the patient lies upon the ground, but if the patient lies upon the bed then it is permissible for the visitor to sit upon a chair or a stool. And this is our custom.

4. One should not visit the sick during the first three hours of the day, for every patient's illness is alleviated in the morning, and consequently he will not trouble himself to pray for him; and not during the last three hours of the day, for then his illness grows worse and one will give up hope to pray for him.

Gloss: One who visited a sick person and did not pray for him has not fulfilled his religious duty.

5. When one prays for him, if in his presence, one may pray in any language; if not in his presence, one should pray in Hebrew.
6. When praying for a sick person one should combine him with all the others who are ill by saying: "May the Omnipotent have mercy on you together with all the rest of the sick in Israel." On the Sabbath one should say: "This is the Sabbath when one must not cry and yet may recovery come soon."
7. The sick person should be advised to look over his affairs and to see if he has any debts or credits outstanding. He should be reassured that this is only a precaution and that it does not mean that he is about to die.

8. One should not visit those who are suffering from those diseases where a visit will cause the patient embarrassment or discomfort. If a person is so ill that conversation is a strain to him, he should not be visited, but instead one should stand in the antechamber and inquire about him, and offer whatever household or nursing help he may need, and sympathize with him, and pray for him.

RABBINIC PERIOD: Healing

In the Bible God is the healer of the ill (Exodus 15:26). How, then, can a human visitor cause the ill person to live or die? The *gemara* explains that the visitor will:

מבקש אליו רחמים, request mercy upon him. Through prayer, the visitor asks God to have mercy on the sick person. If a sick person has no visitors, then they will have no one to ask God for mercy on their behalf, and they may die (*BT Nedarim 40a*).

The idea of requesting mercy on behalf of one who is ill is also found in *Shabbat 12b*. In a discussion of the proper etiquette for visiting a sick person on Shabbat, Rabbi Jose suggests that a visitor say:

המקום ירחם עליך בתוך חולי ישראל

May God have mercy upon you amongst the sick of Israel.

Here special mercy is requested for the sick person, but it is also important that that person be counted among the sick of Israel. Rabbinic theology held that God has a special relationship with the Jewish people, and that God cares deeply for those who are suffering through illness. "By extension, this text suggests that a person entered amongst the sick of Israel will be more likely to receive mercy from the Divine."⁴⁵

45. Pearlman, 16.

Visiting the sick also has a spiritual reward for the visitor. In *Mishnah Peah 1:1* reads:

אלו דברים שאדם אוכל פירותיהן בעלם הזה והקרן קימת לו לעלם הבא
כיבור אב ואם וגמילות חסדים והבאת שלום בין אדם לחבירו ותלמוד תורה
כנגד כולם

These are the things the interest of which a person enjoys in the world, while the principal remains for him in the world to come: the honoring of father and mother, acts of gemilut chasadim, and acts which bring peace between a man and his fellow, and the study of Torah is equal to them all.

The main idea of this text is expressed in the economic terms of principal and interest. It states that a person can enjoy benefit from the interest generated by acts of loving kindness in this world, and can still enjoy the benefit from the principal generated by the deed in the world to come.

This rabbinic idea is elaborated in *BT Nedarim 40a*. As an earthly reward for helping the sick person take stock of his sins before God, the visitor is rewarded with protection against the evil impulse in this world. Because the visitor requests mercy upon the sick person, he is also promised relief from his own suffering. As another worldly reward the visitor will be a source of pride to his community, will be protected from enemies, and is promised many friends. In the world to come, according to the *gemara*, the visitor will be spared from the judgment of *Gehinnom*.

RABBINIC PERIOD: Imparting of Wisdom at Death

From the deathbed scenes of the rabbis we learn several important concepts of the Jewish approach to death. Anthony J. Salderini has found that while no two Talmudic deathbed stories share identical elements, they do have some narrative features in common.⁴⁶ Like the deathbed

46. Anthony J. Salderini, "Last Words and Deathbed Scenes in Rabbinic Literature," *Jewish Quarterly*

scene of Jacob (Genesis 47:29-49:33), the sages do not die alone. In many cases they are surrounded by their students in their final moments.

In addition, the words of the sages are still important to the students. Often those who are dying feel that their life is over, and that they have nothing further to give. These stories of the deathbed scenes of the rabbis teach us that even in the last moments of life wisdom may be imparted and life still has meaning.

People often remember specific words that their loved one uttered in the final moments of life. These words are passed on as a parting gift of the dying person. In Jewish law, the final words of the dying have an elevated status. In *BT Gittin 13a* we learn that the last words of a dying person must be obeyed as long as they don't contravene Jewish law. "Deathbed instructions are given the same force in Jewish law as a legal contract that has been both written and delivered. This 'contract status' ensures that the words of the dying person are validated, and even elevated to a higher status than the words of one who is well."⁴⁷

III. MIDRASH: Death as a Natural Part of Life

As mentioned earlier, there is great ambivalence among the rabbis about the meaning of death. However (as is also found in the Bible), one of the attitudes of the rabbis is that death is a natural part of life. This is shown in the following excerpt from *Ecclasiastes Rabbah*.
As man comes into the world, so he departs.

He enters the world with a cry, and departs with a cry.
He enters the world weeping, and leaves it weeping.
He enters the world with love, and leaves it with love.
He enters the world with a sigh, and leaves it with a sigh.
He enters the world devoid of knowledge, and leaves it devoid of knowledge.

Review, 68:1, 1977, 30.

47. Pearlman, 19.

It has been taught in the name of Rabbi Meir:
When a person enters the world his hands are clenched as though to say,
"The whole world is mine. I shall inherit it."
But when he leaves, his hands are spread open as though to say, "I have taken nothing
from the world."⁴⁸

MIDRASH: How to Tell Someone They are Dying

It can be very difficult to tell someone you love they are dying. The following midrash, from *Yalkut Shimoni, Hukat 76*, (early 12th century) illustrates that even God found it hard to tell Aaron that he was dying:

Said the Holy Blessed One to Moses, "Do Me a favor and tell Aaron of his death, for I am ashamed to tell him." What did Moses do? He rose early in the morning and went to Aaron. "My brother Aaron," he cried. Aaron immediately came down to him and asked, "why have you come here so early today?" Replied Moses, "There was a matter in the Torah that was difficult for me, and I pondered it all night. That's why I have come to you early in the morning. "What matter is it?" asked Aaron. "I do not know what matter it was; I only know that it is in the Book of Genesis."

They took the Book of Genesis and read from it together. When they reached the creation of Adam, Moses said, "What shall I say about Adam, who brought death into the world?" "Moses, my brother," replied Aaron, "shall we not accept God's decree in this matter?" Said Moses, "And I, who ruled over the ministering angels, and you, who stopped the Angel of Death--will our end not be thus?"

As soon as Moses reminded him of the day of death, Aaron's bones felt weak. "Is this matter meant for me?" he asked. "Yes," replied Moses. Thereupon (the people of Israel) saw that he was diminished in size. Moses said to him, "Do you accept death?" "Yes," answered Aaron. "Then let us ascend to *Hor HaHar*," said Moses.

When they ascended to *Hor HaHar*, a cave opened for them, where they found a bier which was the work of Heaven. Aaron took off one garment at a time, which Elazar put on, while a fog enveloped Aaron. Immediately the Divine Presence (*Shekhinah*) descended and kissed him. Then the Holy Blessed One said to Moses, "Depart from here." When they left, the cave was sealed. And Moses and Elazar descended.

48. *Ecclesiastes Rabbah* 5:14.

MIDRASH: Difficulty of Accepting Our Own Death

The difficulty of accepting our own death is acknowledged in the following midrash:⁴⁹ and the Lord said into Moses: "Behold, thy days approach that thou must die" (Deuteronomy 31:14). These words are to be considered in the light of the verse: "Though his excellency mount up to the heavens, and his head reach unto the clouds; yet he shall perish...They that have seen him shall say: 'Where is he?'" (Job 20:6-7). To whom does this verse refer? To none other than [to him who nears] the day of death. Even if a man should make himself wings like a bird and go up to heaven, once his time comes to die, his wings will be broken and he will fall down.

The belief that all of life and death is in God's hands is illustrated in a another midrash about the death of Moses.⁵⁰ Even Moses found it hard to accept the fact that he would soon die.

When Moses realized that the decree [of death] had been sealed against him. he drew a small circle around himself. stood in it, and said, "Master of the Universe I will not budge from here until You void that decree." At the same time he donned sackcloth--indeed, wrapped himself in it--strewed ashes upon himself, persisted in prayer and supplications before the Holy One, until heaven and earth--indeed all things made during the six days of creation--were shaken, so that they said, "Perhaps the intention of the Holy One to remake His world is about to be executed." A divine voice came forth and said: "As yet, the Holy One's intention to remake his world is not about to be executed." But the words. "in whose hand is the soul of every living thing (Job 12:10) [are in force and apply even to Moses]. What did the Holy One do then? He had it proclaimed at every gate of the heavens that Moses' prayer not be accepted nor brought up to His presence, because the decree concerning him had been sealed.

Although these two stories show the difficulty and complexity of accepting our own death when the time has come, the midrashist also realized that if we knew ahead of time the day of our death we would accomplish nothing in this life.⁵¹

"He has made everything beautiful in its time; also He has caused to be hidden from their hearts" (Ecclesiastes 3:11). The word *ha-olam* as it is written here (העלם) is to read *he'elim* (העלים) meaning "caused to be hidden." Had not the

49. *Deuteronomy Rabbah*, 7:10 and 11:10 as quoted in Francine Klagsbrun, *Voices of Wisdom: Jewish Ideals and Ethics for Everyday Living* (Middle Village, New York: Jonathan David Publishers, Inc., 1980), 499.

50. *Yalkut on Parashat Va'ethanan*.

51. *Yalkut Shimoni, on Ecclesiastes*, section 968, as quoted in Klagsbrun, 500.

Holy One hidden the day of death from the heart of man, no man would build a house or plant a vineyard, for he would say, "Tomorrow I may die--why should I get up and weary myself for the sake of others?" Therefore the Holy One hid the day of death from human beings, in order that a man will go on building and planting.

At the same time the rabbis taught that we must live each day as if it were our last. Rabbi Eliezer instructs us to confess the day before our death. How can we confess before we die when we do not know when we are to die? Rabbi Eliezar instructs us to confess every day. Thus, we do not need to know our exact day of death in order to confess, for we must consider each day as if it were our last.

MIDRASH: Approach to End-of-Life

A third midrash about the death of Moses gives another insight as to how the rabbis thought about the end-of-life. Like the Moses they depicted, the rabbis believed in holding tightly on to life, struggling to stay alive against all odds. However, when they, like Moses, saw that no hope for life remained, they accepted death as a reality.

"When God told Moses that his life was drawing to a close, Moses would not accept the verdict. With one hour of life left, he pleaded, 'Lord of the Universe, let me become like the beasts of the field that eat grass and drink water, let me live and see the world.' But God refused. Again he prayed, 'If not, then let me become like a bird that flies in every direction, gathers its food every day, and returns to its nest every evening.' Once more, God refused.

"Seeing that he could not be saved through prayer, Moses sat down and occupied himself by writing God's name on a scroll. When *Samael*, the angel of death, approached and saw Moses writing, his face radiant with holiness, the angel withdrew in fear. God sent *Samael* back again, however, and this time, Moses fought with him until he blinded the bearer of death with his staff. Then a heavenly voice declared, 'Enough, Moses, the time of your death has come.'

"Now Moses obeyed God's command. He lay down, closed his eyes, and folded his hands across his chest, resigned to his fate. But in one final burst of rebellion, his soul refused to leave his body. Then, the legend concludes: 'God kissed Moses and took away his soul with a kiss of the mouth.'"⁵²

MIDRASH: The Soul Returns to God

The belief that the soul returns to God after death is found in this story from

BT Shabbat 105b:

Our masters taught: There are three partners [in the creation of a human]--the Holy One, his father, and his mother. His father gives the white substance, out of which are formed the child's bones, sinews, and nails, the brain in his head, the white of his eye. His mother gives the red substance, out of which are formed the child's skin, flesh, hair, and the black of his eye. The Holy One implants in him spirit, soul, beauty of countenance, eyesight, the capacity to hear, the capacity to speak, and the capacity to walk, as well as knowledge understanding, and intelligence. When a person's time to depart from the world approaches, the Holy One takes away His part and leaves to the mother and the father the parts contributed by them.

From the above Biblical, Rabbinic, and Midrashic passages we can discover the fundamental attitudes of our Jewish tradition toward death and dying, values which are applicable and relevant to our lives today. The Bible teaches us that death is a natural part of life; it comes to us all. The idea of a "good death," *מוֹת יפה*, is illustrated in the story of the death of Jacob. Jacob is at the center of his own deathbed scene, he is surrounded by family; Jacob puts his affairs in order, makes known his burial wishes, reviews his life, and appoints a successor. When a person dies, even today, in the same manner as Jacob we also call that a good death. Jacob's death is a model for us all.

52. *Deuteronomy Rabbah* 7:10 and 11:10 as retold in Klagsbrün, 495-6.

If it is God who brings disease, in these texts, it is also God who is the healer. By engaging in *bikkur cholim*, visiting of the sick, we can become an agent of God and contribute to that healing process. Prayer can mitigate God's decree. Through prayer, the visitor asks God to have mercy on the sick person; if the sick person has no visitors, he or she will have no one to ask God for mercy on their behalf. Today we know that one of the things people who are dying fear most is being alone. Our tradition teaches that visiting the sick is one of the most important of our *mitzvot*.

These texts also give us very specific directions (codified in the *Shulhan Aruch*) for how to visit the sick, all of which are appropriate and meaningful today. The story of Rabbi Yochanan visiting his colleague teaches us that we must be compassionate and sensitive when we visit the sick. In visiting the sick we are emulating God's behavior. That a person should not die alone is found in the deathbed scenes of the rabbis. Furthermore, paying attention to and respecting the final words of the dying is also seen in these texts.

It has never been easy to tell someone we love that they are dying. Our tradition gives a model of how to do that in the *midrashic* story of Moses telling Aaron of his impending death. And the fact that most of us would like to deny our own death is poignantly described in the *midrashim* of Moses resisting his own death.

Finally, the medical decision which we still struggle with today--that of maintaining a life by artificial medical means--is not a new dilemma.⁵³ In the story of the death of Rabbi Judah we learn the important principle that while we may not cut short a life, neither may we prolong death. This also teaches us that while it is a Jewish value to fight for life, a time comes when one is allowed to accept death, either one's own or that of someone we love.

53. The important topic of Jewish medical ethics and medical decisions is beyond the scope of this thesis, which deals rather with what Judaism has to teach us about dying and the dying process.

The story of Rabbi Judah is used by Rabbenu Nissim of Gerondi to formulate an important dictum: "It seems to me...there are times when one must pray that the sick might die, as when he suffers greatly of his illness and he cannot live."⁵⁴ The rabbis of the Talmud understood the need to respond with mercy to such situations. The response they proposed was prayer, the request that God offer a quick and merciful release of the sufferer. Knowing that it is Jewishly authentic to be able to pray for the death of a loved one who is suffering can be very comforting and reassuring for families.

54. *Nedarim 40a*. As quoted in Avram Israel Reisner, "A Halakhic Ethic of Care for the Terminally III," *Responsa for the Committee on Jewish Law and Standards of the Rabbinical Assembly* (Conservative). December, 1990, 18.

CHAPTER 2

MEDICAL ETHICS AND *HALAKHA* IN CONTEMPORARY LIFE

יֵשֵׁב הָעֶפֶר עַל הָאָרֶץ כְּשֶׁהָיָה וְהָרוּחַ תָּשׁוּב אֶל הָאֱלֹהִים

*The dust returns to the earth as it was, and the
spirit returns to God who gave it...*

—Ecclesiastes 12:7

Although discussions of medical ethics can be found in Jewish writings since ancient times, modern medical technologies have created new challenges for interpreters of the Jewish tradition. Over the past forty years the questions and concerns raised by new medical advances and their relationship to Jewish law has given rise to the field of Jewish bioethics.⁵⁵ In keeping with Jewish ethics generally, the field of Jewish bioethics examines the principles found in Jewish scripture and commentaries, and applies them to clinical decision making.

Traditional Jewish legal and ethical thinking is based on reading and interpreting three main sources. The first is the Bible, including the Torah (the five books of Moses), the Prophets and additional writings. Second is the Talmud. To make the voluminous and complicated Talmud more accessible, several codifications of Jewish law emerged that attempted to summarize the Talmud's primary teachings. Two of the most important of these are the *Mishne Torah* of Maimonides and the *Shulhan Aruch* of Joseph Caro. The third main source of Jewish legal authority is the *responsa* literature, in which prominent Jewish scholars throughout the centuries have given opinions on contemporary matters as interpreted through the Bible and the Talmud. *Responsa* are the continuation of a two thousand year old interpretative tradition, which creates an intellectual link to the past, helping to keep the law vital and relevant to the present.

55. See bibliography for a variety of works on Jewish bioethics: Dorff; Feldman; Green; Meier (ed.); Novak; Rosner; Rosner and Bleich (eds.).

Bioethical questions are treated by Jewish authors in a variety of ways, which reflect different orientations toward Judaism and degrees of strictness in the interpretation of Talmudic texts and cases. Pioneering work in the 1960's and 1970's came primarily from Orthodox Judaism, in which the authority of God, as expressed through the Torah and Talmud, underlies the deliberative process.⁵⁶ Much Jewish bioethics literature comes from this perspective. Inspired by Orthodox sources, Jews from the more liberal Conservative and Reform movements have also made important contributions to contemporary bioethics.⁵⁷

For liberal Jews particularly, there is no one "right" way of interpreting and applying Jewish law. Conservative and reform *halakhists* stress the indeterminacy of texts and the fact that Jewish law is always subject to interpretation. While Judaism embodies a world view that is "markedly different, in kind and/or degree, from secular and other religious ways of understanding life and of acting in it,"⁵⁸ at the same time, it is not a deductive, philosophical system. "One cannot point to a clear statement of Jewish beliefs regarding health care that was formulated and adopted by some authoritative body at some time in Jewish history and has governed all decisions since. The tradition just does not work that way."⁵⁹ We Jews do not have a guidebook that explicitly tells us what to do in every situation.

56. I. Jakobovits, *Jewish Medical Ethics* (New York: Bloch Publishing, 1959). The Orthodox view is that life must be preserved to its very last instant, because every moment of life is sacred, and we can never be sure that a patient has no hope for recovery. The Reform view, as expressed by Mark Washofsky, is that we practice medicine in order to heal, and not to "delay to no discernable purpose a patient's suffering and impending death." *Jewish Living: A Guide to Contemporary Reform Practice* (New York: UAHC Press, 2001), 247-248.

57. For scholarly summaries of controversial end-of-life debates and the use of these texts by various Jewish authors see, Elliot N. Dorff's "A Methodology for Jewish Medical Ethics," and Louis Newman's "Woodchoppers and Respirators: The Problem of Interpretation in Contemporary Jewish Ethics" in *Contemporary Jewish Ethics and Morality*, ed. Dorff and Newmann (Oxford: 1995); and William Cutter, "Rabbi Judah's Handmaid: Narrative Influence on Life's Important Decisions" in *Death and Euthanasia in Jewish Law*, ed. Walter Jacob and Moshe Zimmer (Tel Aviv: Rodef Shalom Press, 1995).

58. Dorff, 14.

59. *Ibid.*, 14.

Although traditional Jewish scripture expresses many principles worthy of ethical consideration, there are a few foundational tenets that ground much of the Jewish bioethical tradition. The contemporary author and ethicist Rabbi Elliott Dorff⁶⁰ in his book *Matters of Life and Death: A Jewish Approach to Modern Medical Ethics* has delineated seven fundamental Jewish beliefs relevant to illness and health care. Each of these tenets is based on tradition. Because these tenets inform our Jewish views on death and dying, I will outline the beliefs which are articulated by Dorff below, and briefly summarize his explanations.

1. The Body Belongs to God

For Judaism God owns everything, including our bodies. "God lends our bodies to us for the duration of our lives, and we return them to God when we die."⁶¹ Therefore, since God created our bodies and owns them, God "can and does assert the right to restrict how we use our bodies according to the rules articulated in Jewish law."

We must take reasonable care of our bodies. In fact, Maimonides includes directives for good health in his code of law,⁶² considering them as obligatory as other positive commandments. Jews also have a duty to preserve their own lives, *pikuach nefesh*. According to the rabbis, this tenet of preserving our own lives takes precedence over all other commandments except murder, idolatry, and incestuous or adulterous sexual intercourse. That is, if someone has the choice to murder someone else, or give up his own life, one must give up one's own life. However, if Jews need to violate Sabbath laws or steal something to save their own lives or the life of someone else, then they are not only permitted but are commanded to violate laws in question to save that human life. Saving a life is the most sacred of obligations.

60. Rabbi Elliott Dorff PhD is Rector and Distinguished Professor of Philosophy at the University of Judaism in Los Angeles and Vice Chair of the Conservative movement's Committee on Jewish Law and Standards.

61. Ibid., 15.

62. *Mishne Torah, Laws of Ethics (De'ot)*, chapters 3-5.

Dorff asks the question "What happens, though, when you can only save your life or someone else's? Whose life takes precedence?"⁶³ He explains this with a story from the Talmud, *BT Bava Metzia 62a*. Two men are in the desert and they discover they have enough water for only one of them to reach civilization alive. Should they divide the water equally between them, should they decide who gets the water based on who "owns" it, or should whoever has possession of the water at the time they realize the shortage retain it? The opinion which is ultimately accepted in Jewish legal literature is that of Rabbi Akiva. Akiva argues for the person who is in possession.⁶⁴ The two people should leave the water with whoever has it at the time they discover their shortage, for to do otherwise would involve either or both in suicide or murder. Of course, one or both of them will die if they follow Akiva's ruling too, "but at least it will be nature that determines this outcome rather than voluntary choice. In other words, in morally impossible circumstances that will produce an untoward result no matter what one does, Rabbi Akiva directs us to remain passive and let nature take its course so that we are at least not morally responsible for the outcome." The principle is thus established that protecting your own life comes first.

Just as we are commanded to maintain good health, we are obligated to avoid danger and injury. Judaism also teaches that human beings do not have the right to dispose of their bodies at will (that is, commit suicide). To commit suicide would totally obliterate something that belongs not to us, but to God. We do not have the right to destroy what is not ours.

63. Dorff, 16.

64. Akiva argues on the basis of textual analysis and moral concerns. The Torah says that one must not extract interest from a fellow Jew "so that your brother may live with you" (Leviticus 25:36). That requires that you must be alive before you care for your brother, for otherwise he cannot possibly live with you. Consequently, according to Akiva, your life takes precedence. On the other hand, Maimonides argues in favor of the one who owns the water. His reasoning is that if you own the water, it would be suicide if you do not use it. Dorff, 18.

2. Human Worth Stems from Being Created in God's Image

The Torah declares that God created each of us in the divine image:

וַיְבָרֵא אֱלֹהִים אֶת הָאָדָם בְּצַלְמוֹ בְּצֶלֶם אֱלֹהִים בָּרָא אֹתוֹ זָכָר וּנְקָ

So God created the human beings in [the divine] image, creating [them] in the image of God, male and female --Genesis 1:27

Dorff writes: 'Exactly which feature of the human being reflects this divine image is a matter of debate within the tradition. The Torah itself seems to tie it to humanity's ability to make moral judgments.'⁶⁵ Another human faculty connected by the Torah and by later tradition to divinity is the ability to speak. Maimonides claims that the divine image resides in our capacity to think, especially discursively.⁶⁶

Seeing everyone as being created in the image of God has significant moral implications for each of us. Jews do not value a person for what he can do in the world, or for what he has accomplished, but rather simply because he is a reflection of God. We must recognize each individual's uniqueness and divine worth because all human beings embody the image of God.

3. The Human Being is an Integrated Whole

Western philosophical thought and Christianity have been heavily influenced by the Greek and Gnostic belief in the separation of body and mind (or soul). Jews in ancient and medieval times lived among and interacted with Greeks, Romans, Gnostics, and Christians, and were influenced by these concepts. Both Maimonides⁶⁷ and Philo⁶⁸ echo the widespread Greek and Christian notions that the soul is divine and the body human.

65. Dorff, 19.

66. Maimonides, *Guide for the Perplexed*, part 1, chapter 1.

67. Maimonides "effectively translated Aristotle into Jewish terms." Dorff, 21.

68. A Jew writing in first-century Alexandria.

Biblical and talmudic literature, however, do not share in this understanding of the human being. The Bible speaks of a person's *nefesh*, which may be translated as soul, but which actually has many meanings. "Even when the word specifically refers to the inner being, it stands in contrast not to a person's body but to his or her identity within the outside world. In this sense, the relevant correlatives in the pair are *shem*--this is, a person's name or public identity within the community--and *nefesh*, his or her inner being, self-identity, private thoughts, and so on."⁶⁹ Another Hebrew term often translated as "soul" is *neshamah*, which means "breath" and can also mean one's inner being, and is similar in meaning to *nefesh*.

According to the Talmud and Midrash, our souls are, in some sense, separable from our bodies. "For example, when the Torah describes God as breathing life into Adam's body, rabbinic sources understood the text to mean not only physical life but also consciousness...at death the soul leaves the body--only to be united with it again at the time of resurrection."⁷⁰ Rabbinic sources conflict, however, as to whether the soul can exist apart from the body.⁷¹

In sharp contrast to the Greek and Christian traditions, classical rabbinic sources maintain that the soul is definitely not superior to the body. The rabbis regarded the human being as an integrated whole, and the body and soul are to be judged as one. This is illustrated in the following story:

Antoninus said to Rabbi [Judah, the president or "prince," of the *Sanhedrin*]
 "The body and soul exonerate themselves from judgment. How is this so? The
 body could say, 'The soul sinned, for from the day that it separated from me, lo,
 I am like a silent stone in the grave!' And the soul could say, 'The soul sinned,

69. Dorff, 21.

70. Ibid., 21. For Jewish views on the afterlife, see Chapter V.

71. The predominant view seems to be that it can (*BT Berachot 18b-19a*, *BT Hagigah 12b*, *BT Ketubbot 77b*), "but even such sources depict the soul in terms of physical imagery, thereby enabling it to perform many of the functions of the body. Some sources...assert that the soul cannot exist without the body, nor the body without the soul (*Tanhuma, Vayikra 11*)."⁷¹ Dorff, footnote #29, 332.

for from the day that it separated from me, lo, I am like a silent stone in the grave!' And the soul could say, 'The Body is the sinner, for from the day that I separated from it, lo, I fly like a bird.'"

Rabbi [Judah] answered him, "I will tell you a parable. What is the matter like? It is like a king of flesh and blood who had a beautiful orchard, and there were in it lovely ripe fruit. He placed two guardians over it, one a cripple and the other blind. Said the cripple to the blind man, 'I see beautiful ripe fruit on the orchard. Come and carry me, and we will bring and eat them.' The cripple rode on the back of the blind man and they brought and ate them. After a while the owner of the orchard came and said to them, 'Where is my lovely fruit?' The cripple answered, 'Do I have legs to go?' The blind man answered, 'Do I have eyes to see?' What did the owner do? He placed the cripple on the back of the blind man and judged them as one. So also the Holy Blessed One brings the soul and throws it into the body and judges them as one."⁷²

Dorff remarks that "not only is this fundamental integration manifest in God's ultimate, divine judgment of each of us, it is also the rabbinic recipe for life."⁷³ The rabbis not only studied Torah, but earned their livelihood from bodily work, thereby literally living their belief in the integration of body and soul.

4. The Body is Morally Neutral and Potentially Good

The body is neither bad or good. Rather, its energies are morally neutral. In this respect Judaism differs markedly from both the American secular view of the body and some Christian views of the body. In contemporary American culture we are encouraged to derive as much pleasure as we can from the body, that being its primary purpose. In contrast, Judaism teaches that the body's pleasures are indeed to be enjoyed, but only when experienced within the framework of holiness delineated by Jewish law and theology.

According to the rabbis, it is actually a sin to deny ourselves the pleasures that God's law allows. Maimonides writes that bodily pleasures are most appropriately enjoyed when we have the specific intent to enhance our ability to do God's will:

He who regulates his life in accordance with the laws of medicine with the sole motive of maintaining a sound and vigorous physique and begetting children

⁷². *BT Sanhedrin 91a-91b*.

⁷³. Dorff, *Matters of Life and Death*, 23.

to do his work and labor for his benefit is not following the right course. A man should aim to maintain physical health and vigor in order that his soul may be upright, in a condition to know God...Whoever throughout his life follows this course will be continually serving God, even when engaged in business, and even during cohabitation, because his purpose in all that he does will be to satisfy his needs so as to have a sound body with which to serve God. Even when he sleeps and seeks repose to calm his mind and rest his body so as not to fall sick and be incapacitated from serving God, his sleep is service of the Almighty.⁷⁴

According to Dorff, the medical implications of this teaching are clear. We have the obligation to maintain our health not only to care for God's property but also so that we can accomplish our purpose in life, namely, to live a life of holiness. Moreover, since pain is not a way to attain holiness, it is our duty to relieve it.

5. Jews Have a Mandate and a Duty to Heal

Because God owns our bodies, we are required to help other people escape sickness, injury, and death. We have a universal duty to heal others because we are all under the divine imperative to help God preserve and protect what is God's. This is not the only possibility or conclusion to be derived from the Bible. Dorff writes: "since the Torah says, on the one hand, that illness is one of the divine punishments for sin, and since, on the other, God announced Himself as our healer in many places in the Bible, we might conclude that medicine is an improper human intervention in God's decision to cause illness or cure it."⁷⁵

Although the rabbis were aware of this line of reasoning, they counteracted it by pointing out that God Himself authorizes us to heal; in fact, the rabbis maintained that God requires us to do so. A Jew is obliged to come to the aid of a person in distress, and assailants are obligated to cure their victims, yet Jewish law also recognizes that medical expertise is usually necessary

74. *Mishne Torah, Laws of Ethics (De'ot)* 3:1. Quoted in Dorff, 26.

75. Dorff, 27.

in such cases. Further, the Talmud prohibits Jews from living in a community in which there is no physician.

Medical experts have special obligations because of their expertise. In the *Shulhan Aruch* Joseph Caro teaches: "The Torah gave permission to the physician to heal; moreover this is a religious precept and is included in the category of saving life, and if the physician withholds his services, it is considered as shedding blood."⁷⁶ God does not bring about all healing or creativity alone, but rather depends on us to aid the process and commands us to try. We are, in the talmudic phrase, God's partners in the ongoing act of creation.⁷⁷

6. The Community Must Balance Its Medical and Nonmedical Needs and Services

The duty to provide health care applies not only to the individual physician; the community itself is charged with making it available. On the basis of Leviticus 19:16

לא תעמד על דם רעך ("Do not profit by the blood of your fellow"), the Talmud expands our obligation to provide medical aid to include expending financial resources for this purpose. Rabbi Moses ben Nachman (Nachmanides, fourteenth century) explains that this duty derives from the Torah's principle, "And you shall love your neighbor as yourself" (Leviticus 19:18): ואהבת לרעך כמוך.

The community is also responsible for providing other necessities of life and of Jewish living. The Talmud specifies ten things a community must provide for its members if it is to be fit for a rabbi to reside there:

It has been taught: A scholar should not reside in a city where [any] of the following ten things is missing: (1) A court of justice which can impose

76. *Shulhan Aruch, Yoreh Deah* 336:1.

77. *BT Shabbat* 10a, 119b.

flagellation and monetary penalties; (2) a charity fund, collected by two people and distributed by three [to ensure honesty and wise principles of distribution]; (3) a synagogue; (4) public baths; (5) toilet facilities; (6) a circumciser (*mohe*l); (7) a surgeon; (8) a notary [for writing official documents]; (9) a slaughterer (*shochet*); and (10) a schoolmaster. Rabbi Akiva is quoted [as including] also several kinds of fruit [in the list] because they are beneficial for eyesight.⁷⁸

Many of the items on this list pertain to health and health care: public baths, toilet facilities, a surgeon, and the availability of fresh fruit. It also contains a number of items not related to health care, such as a court, a charity fund, synagogue, a notary, and a schoolmaster. This list illustrates that health care cannot be the sole service the community provides, and that communal resources spent on health care must be balanced against other social needs.

7. Jews Must Sanctify God's Name

All of these concepts and duties related to health care are rooted, in the Jewish tradition, in the obligation to sanctify God's name, קדוש השם. The Torah demands that our actions and words sanctify God's name and that, conversely, we do not desecrate it. These concepts have most commonly been applied to cases of martyrdom. The Talmud establishes the rule that if one is forced to murder someone else, engage in incest or adultery, or bow down to idols, one must choose to die rather than commit any one of these three offenses; with regard to any other commandment, however, one must violate that commandment if it is necessary to save one's life.

Jews are always supposed to act in a way that brings honor to themselves, their people, and the God Jews worship. This requires Jews to participate in general, communal efforts to promote health and well-being. The opportunity for Jews to engage in health care is nothing less than an opportunity to serve and sanctify God.

78. *BT Sanhedrin 17b.*

The Challenge in *Halakha*

The problem faced by Jews with decisions for end-of-life care is not usually in determining the appropriate *halakha*. Rather, the bigger challenge is determining the moment when hope for continued life is lost and the process of death has begun. Jewish law is relatively clear that life is not to be taken before its time. It is equally clear that one is not to impede or hinder the death process once it has begun. Just as many patients have difficulty accepting/acknowledging the diagnosis of a terminal illness,⁷⁹ there is no clear Jewish law that deals with this stage in life. Elliot Dorff writes: "we are confused as to how to think of an incurably ill person, especially in the last stages of life, now more than ever."⁸⁰

Until the discovery of penicillin in 1939, physicians could do very little to impede the process of dying. Modern hygienic procedures, antibiotics, new machines, microsurgery, chemotherapy, radiation, and other drug therapies have totally altered the process of dying. In many situations doctors know the progress of disease, and are able to give the patient a range of time that they can expect to live.⁸¹ The liminal time in one's life from the diagnosis of a terminal disease until death is a relatively new phenomena. On the one hand, as Jews we all fight for life and hope for miracles, and yet at the same time Jews are a practical people, and recognize that there does come a time to prepare for the inevitability of death.

To traditionally minded Jews, Jewish bioethics is a subset of *halakha*, which guides all their activities. To more secular Jews seeking guidance in difficult decisions about their health,

79. The Reform halakhist Mark Washofsky defines terminal as: "a disease....which cannot be defeated or controlled and which will lead inevitably to the patient's death...an illness is not terminal because it is incurable and will result in death for the patient at some date in the distant future. An illness is 'terminal' when death is reasonably imminent, when the patient has on account of the disease lost much of his or her ability to function normally and is clearly and unquestionably in the process of 'dying,' as we generally understand the term." Washofsky, 249.

80. Dorff, 87.

81. Although many doctors are reluctant to do this.

Jewish bioethics offers helpful lessons and considered opinions from the tradition. Many nonreligious Jews welcome traditional views to help ease the uncertainty inherent in difficult ethical decisions, even though they may not live according to traditional religious practice. An understanding of Jewish bioethics can help anyone, Jewish or not, who wishes to explore the many ways people think about difficult ethical issues. Even without accepting the authority of the Bible and Talmud, physicians and patients may also benefit from seeing how principles or norms can be derived from authoritative texts, how minority opinions can be incorporated into such deliberations,⁸² and how grappling with tough questions can increase sensitivity to ethical and decisional nuance. Perhaps the most important lesson to be learned is that there are few easy answers to these complex issues.

In the *Mishnah*⁸³ a person in the last stages of dying is called a גוסס *goses*. The term *goses* is derived from a linguistic root meaning "to stir." This term refers to the troubled breathing or "death rattle" often characteristic of a dying person. This sound was heard as the "stirring" of phlegm in the throat.

According to *Masseket Semachot* 1:1-14 a *goses* is like a living person in all respects, and can be fully obligated under *halakha*. *Semachot* (Rejoicings) is the euphemistic name for the Talmudic treatise *Evel Rabbati*.⁸⁴ Sylvie Anne Goldberg writes that this text "represents one of the first works of mortuary and funerary codification, containing all the laws, customs, and practices dealing with dying, death, burial, and mourning," and agrees with scholar David

82. The Talmud consistently records arguments between the rabbis, and includes minority opinions.

83. In Chapter 1, *Semachot* 1:1-14. *Semachot* is not located in standard editions of the *Mishnah*, but rather in *BT Masseketot Ketanot* 44a.

84. Sylvie Anne Goldberg, *Crossing the Jabbok: Illness and Death in Sixteenth Through Nineteenth Century Prague* (Berkeley: University of California Press, 1966), 13.

Zlotnick that it may date to the third century.⁸⁵ *Semachot* is thus a very important source, useful for defining these often ambiguous *halakhic* categories.

The definitions of when the state of *goses* begins vary. The contemporary Orthodox rabbi David Bleich⁸⁶ restricts it to situations where all possible medical means are being used in an effort to save the patient and nevertheless the physicians assume that he or she will die within seventy-two hours.⁸⁷ Because medicine can now sustain and even cure people who formerly would have died within three days, other contemporary rabbis have defined the state of *gosisah* more flexibility to include all those who suffer from an incurable, terminal illness, even if it will be a year or more before that person dies.⁸⁸ For the last eight hundred years Jewish law has continued to prohibit hastening a *goses*' death but has permitted removal of anything which impedes the death of a moribund person. This distinction originates in the thirteenth century work, *Sefer Hasidim*,⁸⁹ and in the sixteenth century it is incorporated, with some modification, in Isserles' authoritative comments on the *Shulhan Aruch*.

In the *Shulhan Aruch*, *Yoreh Deah* Chapter 339:1, 4 we read concerning the *גוסס* *goses*:

Chapter 339: Laws concerning the one who is dying.

1. One who is dying is considered a living being in all respects. We may not tie up his jaws, remove the pillow from under him, nor place him on sand, nor summon the town on his

85. Ibid., 13.

86. J. David Bleich, *Judaism and Healing: Halachic Perspectives* (Hoboken: Ktav Publishing, 1981), 38.

87. Dorff however disagrees with this definition. He writes that "people can be 'on their deathbeds,' as it were, almost indefinitely, sustained by heart and lung machines as well as by other medical paraphernalia. The definition of *goses* in terms of a specific number of hours...are inappropriate to today's medical realities...how can one know ahead of time the moment of a patient's impending death with such certainty?..." Elliot Dorff, "A Jewish Approach to End-Stage Medical Care," *Responsa for The Committee on Jewish Law and Standards of the Rabbinical Assembly*, December 1990, 84.

88. For instance Jakobovits, op cit., and Avram Israel Reisner, "A Halakhic Ethic of Care for the Terminally Ill," *Responsa for the Committee on Jewish Law and Standards of the Rabbinical Assembly* (Conservative), December, 1990. Therefore the *halakha* which pertains to the *goses* is applied to all those with a terminal illness.

89. Attributed to Rabbi Judah the Pious.

behalf, nor close his eyes before his soul departs. And whoever closes his eyes before death, is regarded as a murderer. One may not rend garments nor make a lamentation for him nor bring a coffin into the house for him before he dies.

Gloss: Some say we may not dig a grave for him before he dies, even though this is not done in his presence and he would not be aware of it. It is likewise forbidden to hasten the death of a dying man--e.g., if one has been moribund for a long time and continues to linger on, we may not remove the pillow or mattress from under him or do anything overt to hasten his death. However, if there is anything external that prevents his release from his death pangs, such as a clattering noise near the patient's house, or if there is salt on his tongue, and these hinder the departure of the soul, it is permitted to remove them, for this is no direct act but only the removal of a hindrance.

4. When a person is about to die one should not leave him so that he does not depart this life alone.

Gloss: It is a mitzvah to stand by a person during the departing of his soul.

While the classic laws concerning the treatment of the *goses*, one who is like a "flickering candle," and who may not even be moved for fear of snuffing out the candle of life,⁹⁰ this category does not fully describe one who today is diagnosed with a terminal illness. There is no traditional definition which recognizes this liminal state in a person's life. For this reason Rabbi Avram Reisner and others have expanded the definition of *goses* to one who is suffering a terminal illness and has less than a year to live. However, Daniel Sinclair⁹¹ argues for a new category in Jewish law, calling one who is suffering from an incurable disease but who may have

90. Even this classical definition of a *goses* is troublesome in today's medical reality. We know that a patient must be turned on a regular basis in order to avoid bedsores and to maintain cleanliness.

91. Daniel B. Sinclair, *Tradition and the Biological Revolution: The Application of Jewish Law to the Treatment of the Critically Ill* (Edinburgh: Edinburgh University Press, 1989).

months or even years to live, טריפה, a *trefah*.⁹² Use of this category allows for some guidance from the tradition as to the use or withdrawal of medicine and machines.

This addition of this category also gives a parallel to what we now know is the process of dying. According to Sinclair, the term *trefah*⁹³ implies an imperiled life: that is, a person who is diagnosed as having an incurable illness. Sinclair writes that a person who has been diagnosed with an irreversible, terminal illness is no longer a healthy human being, but a *trefah*; in the last minutes or hours of life a person becomes a *goses*, like a flickering candle, unable to be moved for fear of extinguishing life; when the person ceases to have heartbeat and breath, death has officially taken place according to the criteria of traditional Jewish law; even then, according to the Mishnah, the soul does not fully depart from the body until three days after death.

Practical Implications of the *Trefah* Category: Treatments

Use of the *trefah* category (a patient with an irreversible, terminal illness) allows for medications and other forms of therapy to be withdrawn: we need not do what the attending

92. Elliot Dorff has based his understanding of *trefah* on the work of Daniel Sinclair. See *Matters of Life and Death*, 200-202. The term *trefah* is used in the Talmud to refer to animals who are suffering from a fatal organic defect, such as a pierced windpipe or gullet. It is presumed that a *trefah* animal will die within twelve months. "A human *trefah* is also defined on the basis of medical evidence—specifically, as Maimonides [*Mishne Torah Hilkot Rotzeah* 2:8] says, 'it is known for certain that he had a fatal organic disease and physicians say that his disease is incurable by human agency and that he would have died of it even if he had not been killed in another way.' Dorff, "A Jewish Approach to End-Stage Medical Care," 85.

Sinclair writes: "The outstanding feature of the category of human *trefah* for the current debate concerning the treatment of the critically ill is the exemption of the killer of a *trefah* from the death penalty. This feature focuses attention upon the fact that a fatal disease does detract from the legal status of a person, and also introduces a measure of flexibility into the issue of terminating such a life. This is in direct contrast to *goses*, which is based on the premise that a *goses* is like a living person in all respects. Indeed, almost all laws of the *goses* confirm his living status and, as already observed, can only be appreciated against the background of the domestic deathbed. The category adopts a different perspective (the effects of the critical illness upon a person's legal status), and, as such, it is much closer to the current debate on the termination of life of a critically ill person." Sinclair, 22.

93. When I first began to research the *halakha* for this thesis I was horrified by the use of the term *trefah*. It violated my sense of the dignity of a human being. However, after much reading and reflection I now understand why the use of this term can be helpful in informing the treatment of the terminally ill in a Jewishly authentic way.

physicians judge to be medically futile.⁹⁴ In contrast, a person who is incurable (*trefah*) may undergo experimental therapies in an attempt to overcome the illness. According to Dorff,⁹⁵ even if the therapy brings with it the risk of advancing the time of dying (if the term *goses* is used for this patient, then hastening death is not allowed--see *Shulhan Aruch* above) use of experimental therapy is permissible if the intent is not to bring about death but rather to prolong life. In contrast to this, the *trefah* may also reject even potentially effective treatments whose risks or side effects are unbearable to him or her. In the view of the *Tosafot*,⁹⁶ a patient may reject treatments that are not *לטובתו letovato*, not to his or her benefit, as this person experiences it. In the Talmud we read "The heart knows its own bitterness," which cites Proverbs to assert eloquently that only the patient knows which treatments he or she can tolerate.⁹⁷

Hospice

On the other hand, a person with an incurable illness may also choose to have machines and medications withheld or withdrawn and to engage in hospice care, where only palliative treatment will be administered. Although many Jews tend to resist hospice care, believing it to be a sign that they have given up hope, hospice⁹⁸ care is a Jewishly legitimate choice. And, contrary to the belief that all patients who go into hospice die, some patients, because of the compassionate and personal care they receive, are able to leave hospice care,⁹⁹ or live much

94. See Appendix B for rituals that may be said when withdrawing life-support.

95. Dorff, *Matters of Life and Death*, 201.

96. *Tosafot to Avodah Zarah 27b*, cited in *Conservative Judaism* (Spring 1991), 16.

97. Proverbs 14:10, quoted in *BT Yoma 83a*.

98. For more general information on hospice care see: Larry Beresford, *The Hospice Handbook : A Complete Guide* (Boston: Little, Brown and Company, 1993).

99. Interview with Rabbi Malka Mittleman, Skirball Hospice: Jewish Home for the Aged, Reseda, California, November, 2006. Every year an estimated thirteen percent of the approximately 900,000 Americans who enter outpatient and inpatient hospice programs around the country are discharged alive. Sandra G. Boodman, "Kissing Hospice Goodby," *The Washington Post* (Tuesday, October 3, 2006, Health Section), 1. Also see: Reed Abelson, "There is Life After Hospice, and Even Golf in Florida for Some," *The New York Times* (February 10, 2007, Business Section), 3.

longer than the doctors have predicted.¹⁰⁰ In many ways, hospice care epitomizes what all medical care should be, and it exemplifies the Jewish vision of healing, addressing both *refuat hanefesh* and *refuat haguf*, healing of the body and healing of the spirit. Hospice care¹⁰¹ is a philosophy, a way of caring for loved ones. Hospice "addresses the possibilities of healing when the time to fight for cure has passed. With hospice care, the focus shifts from the frantic search for one more treatment to the process of reducing suffering and giving the dying person his or her best chance to live the time remaining in the richest possible way."¹⁰²

As we learn more about the dying process, hospice care becomes the Jewishly preferable option.¹⁰³ Because of research on the psychology of dying and increasing experience with ways of dying outside the hospital setting, it has become widely known that dying patients usually do not fear death as much as they fear pain and being alone. Hospice care, which keeps the patient at home and in other familiar settings as long as possible, is able to address the real needs of the dying person. Because one enters a hospice program fully aware that death cannot be avoided,^{104 105} the focus is not on unrealistic wishes, but rather on pain management, comfort, and

100. See Art Buchwald, *To Soon to Say Goodby* (New York: Random House, 2006). See also, Susan Brink, "Life on Her Terms," *The Los Angeles Times* (Health Section, 1, Monday, February 5, 2007).

101. Hospice care can be either in the patient's home or a residential facility.

102. Eilberg, 392.

103. See: Charlotte Hildebrand Harjo, "Hospice Option Gains Jewish Supporters," *Jewish Journal*, June 17, 2005.

104. Avraham Reisner writes: "Hospice care is an attempt to ease the burdens of terminal illness, that is, to address the question of the quality of life of a terminally ill patient through support of their lives, not the pursuit of their deaths....permission to seek hospice care is a life-affirming permission. One may not choose hospice so as to die more quickly, but, rather, only in order to live one's remaining days in the best way possible. As such, instructions to the hospice should clearly state that while only palliation is in order for the immediate incurable condition, other unrelated and curable conditions that may arise, such as infections, should be treated in line with standard medical care. Jewish hospice may be an attempt to live one's life with dignity, not an attempt to speed an escape into death." Reisner, 24.

105. Although this is changing. The American health care system has long given patients this terrible choice: people told they have a terminal illness must forgo advanced medical treatment to qualify for hospice. Forcing patients into this either/or decision has prompted many who might benefit from a hospice program to instead opt for expensive hospital care that may end up costing Medicare and other insurers far more.

Recently some hospice programs and private health insurers are taking a new approach that may persuade more patients to get hospice care for the last months of life. These programs give patients the medical comfort and social support traditionally available through hospice care, while at the same time letting them receive sophisticated medical treatments that may slow or even halt their disease. This approach is called "open access"

addressing the spiritual needs of the patient and the patient's family. Unfortunately, the majority of people still die in hospitals, where their needs and concerns are often unknowingly overlooked.

One aspect of hospice of which many patients are unaware is the fact that hospice care has to be ordered by the physician. If the physician does not offer hospice care, then the patient has to request it. Many doctors are reluctant to order hospice care. One reason may be the fear of losing a patient, another the fear of being honest with the family. One Jewish physician with whom I spoke said he does not like hospice, because in his opinion many patients die quickly in hospice, for the reason that hospice tends to "overmedicate." Other physicians said that the quality of hospice varies greatly; in Florida, for instance, where there is great demand for hospice, the hospice care tends to be excellent. There are for-profit and not-for-profit hospices. The patient or the family needs to be aware of what hospice care is available to them.¹⁰⁶ Many larger cities have Jewish hospice, while hospice care in smaller towns will include people of all faiths and backgrounds.

Cardiopulmonary Resuscitation

The use of cardiopulmonary resuscitation (CPR) is considered, according to *halakha*, "optional" to a *trefah*, a patient with terminal, irreversible illness.¹⁰⁷ CPR was originally intended

hospice. "Many doctors say the either-or approach, if it ever made sense, is less valid now that continued advances in medicine can allow even patients with very advanced disease to benefit from new treatments... 'there are many reasons people are slow to consider hospice care--not the least of which is acknowledging that they are dying,'" says Dr. Ira Byock, the director of palliative medicine at the Dartmouth-Hitchcock Medical Center in Lebanon, NH. "Dr. Byock rejects the notion that the only point of hospice is to help people die. He says that by offering nurturing care and palliative medicine to relieve pain and improve the quality of life, hospice can benefit some people so much that they become well enough to leave the programs...people will take advantage of hospice care if they do not have to give up other treatment intended to prolong life." Reed Abelson, "A Chance to Pick Hospice, and Still Hope to Live," *The New York Times* (February 10, 2007, Business Section), 1.

106. The National Hospice and Palliative Care Organization provides a brief guide and questions to consider when choosing a hospice. Their website is <http://www.caringinfo.org>. The website for the National Institute for Jewish Hospice is <http://www.nijh.org/>.

107. Dorff, *A Jewish Approach to End-Stage Medical Care*, 100.

for heart attack victims who are otherwise in good health, and it has the greatest chance of effectiveness with them. Recent studies have shown that the ability to resuscitate patients in cardiac arrest through CPR is severely limited.¹⁰⁸

Those who advocate trying CPR under all circumstances point out “that all pain and risks undertaken in the process are, after all, in the name of trying to save the person’s life...nevertheless it is considerably more probable that it will not work than it will.” Therefore Dorff considers it *halakhically* optional, since a patient need not undergo a medical procedure which is more likely to fail than to succeed. While one may ask for CPR in the event of cardiac arrest, just as one may ask for other therapies whose effectiveness is unproven or even unlikely, one need not do so.¹⁰⁹ Like Reisner (see footnote #104), Dorff recommends treating curable conditions (such as infections) that may arise in terminal patients; he considers the use of CPR as optional, because of its unproven effectiveness. He writes that when treating people in advanced stages of cancer or heart disease, for example, who mercifully suffer a heart attack, we may let nature take its course, and “Do Not Resuscitate” orders may properly be written for such people.

108. People outside of hospitals who suffer cardiac arrest have survival rates as low as 2 percent; inside the hospital as low as 1 percent (because people already in the hospital tend to be sicker). The recovery rate is even more discouraging. In over half the people who survive, their brains have been deprived of oxygen for a dangerous amount of time and they never fully recover cognitive ability. Popular TV medical shows have given unrealistic expectations for the successful use of CPR. In one study, seventy-five percent of those who were resuscitated on TV survived, 67 percent recovered to leave the hospital, and all of the survivors recovered fully. In truth, CPR is a violent and unpleasant procedure that has limited results. Stephen P. Kiernan, *Last Rights: Rescuing the End of Life From the Medical System* (New York: St. Martin’s Press, 2006), 208.

109. It should be stressed that it is the physician who must give the DNR order. The patient must let the doctor know if he or she does not wish to undergo CPR. Without a specific order resuscitation will be attempted.

CHAPTER 3

DEATH AND DYING: PERSONAL EXPERIENCES

גם כי אלך בגיא צמות לא אירא רע כי אתה עמדי
*Though I walk through the valley of the shadow of death I shall
fear no evil, for You are with me...*

---Psalm 23:4

The stories in this chapter come from numerous patients, their families and friends. During the course of several months I interviewed people who had had a family member die of a terminal illness. In addition, I have talked, both in person and by telephone, to many chaplains, rabbis, Jewish physicians, and hospice workers.¹¹⁰ All these people have shared with me their lives and experiences; they are my teachers. I am inspired and touched by their love and their courage, their hopes, fears, and dreams. I am very grateful for their honesty and their generosity. I tell three of their stories here.

Greta and Bob¹¹¹

Greta is an attractive woman in her early forties. She has two teenagers, a boy 13 and a girl, 16. One would never suspect that she has had a double mastectomy. In August of 2004 Greta was diagnosed with breast cancer. She first underwent chemotherapy, and spent several months sick in bed from the treatment, losing her hair and her appetite; in February of 2005 she had a double mastectomy.

In December, while Greta was sick in bed before the surgery, her husband Bob, 46, fell ill at work. He was rushed to the hospital where it was first believed he had had a heart attack. However, tests showed he had a heart deformity, and surgery was performed to correct the defect. Several days after the surgery the doctor called to tell Bob he had the results from tissue samples taken during surgery. The results were not good. Bob had a rare form of cancer, cardiac

110. See list at end of thesis.

111. All names have been changed to protect the privacy of the individuals.

angiosarcoma, or cancer of the heart. The doctor told Bob he had six months to live; if he underwent chemotherapy, possibly two years.

A pump was inserted in Bob's chest, and Bob immediately began chemotherapy. He was ill in Greta and his bedroom upstairs, while Greta remained on the couch in the family room downstairs. They were each so sick that sleeping together was uncomfortable; and yet they both missed the comfort that physical closeness can bring. Bob's mother, with whom Greta did not get along, came from Denver to help run the household and care for the children.

Bob was computer savvy, and he knew from his research on the internet that cancer of the heart was rapidly fatal and his prognosis was grim. He could not believe that it could be true. He asked how this could happen to him. And then, by spring, it appeared that the cancer was in remission. Bob felt he had "beat" the cancer. Bob loved to play golf, and his first reaction, to his wife's horror, was that he wanted to leave his family and go to Scotland and play golf for the rest of his life. Instead he remained at home, and in the summer learned to scuba dive. Greta recovered from her surgery, and it seemed the family would be okay.

In August of 2005 they went on a family vacation to Hawaii. They had a wonderful trip. They spent time together, laughed, swam, ate, and told stories to the children. During the last two days of the trip Bob began to feel unwell. He said he could feel the cancer was back, and indeed it was. The cancer was now in his lungs. He again underwent chemotherapy, but this time it did not seem to be helping; his oncologist recommended an expensive and experimental therapy, which his insurance company refused to cover. In late December he became ill at home and could not talk; paramedics rushed him to the hospital, where it was determined he had twenty-one brain tumors. There was nothing that could be done.

The doctors told the family his death could happen at any moment. In fact, it took Bob three weeks to die. On the first day he begged to die; he wanted to get it over with, and get it over with quickly. And then, Greta remembers, he seemed to "forget" he was dying. He said he was only 47, and much too "healthy" to die. Greta feels he was suffering greatly emotionally at this time. Every day she brought the children to the hospital to tell their father good-bye. Each day it got harder and harder. Finally, Greta sat down and talked to Bob. She reminded him he was dying, explained to him that the family was taken care of and that they would be alright. This was a turning point for Bob. He asked Greta to call the rabbi. Their congregational rabbi came right away, told Bob it was alright for him to die, and recited the *Vidui*, the final prayer of confession. The next day Bob died.

Greta and Bob were members of a synagogue, and Greta says they could not have made it through their ordeal without the support of the rabbis and the community. All the rabbis of the congregation visited often, and meals for months at a time were brought to the house. The caring committee drove the children to music lessons and sports events, went to the grocery store, and fielded phone calls.

Bob and Greta had had an unfortunate experience with one of the three congregational rabbis years ago, and they had both been angry with him ever since. In fact, Bob never went back to synagogue services. He felt he could never forgive the rabbi for the awful hurt he had done to Bob and his family. However, as Bob lay dying he forgave the rabbi, although Greta has not been able to do so.

Two important Jewish rituals marked Bob's illness. Bob was not born Jewish. He and Greta had raised a Jewish family, and he had studied Judaism, but he had not converted. On the day he received the diagnosis of heart cancer he called his favorite rabbi and told him he wanted

to convert. Because the pump for chemotherapy had to be surgically inserted, the rabbi arranged for Bob to go the next day to the *mikveh* and Bob officially converted to Judaism. Bob wanted his children to know they had a Jewish father.

When Bob was in the hospital for his final illness, he realized he would not live to see his 12 year old son's *Bar Mitzvah*. And so the rabbis of his congregation brought a Torah scroll to the hospital. They unrolled it on the hospital bedside table, and his son read the Torah portion Deuteronomy 6:4-9 (the *Ve'ahafta*). Bob was proud to witness his son reading Torah. Bob wrote a letter to his son which was to be read at his son's *Bar Mitzvah*; the letter was, in effect, his ethical will to his son.

Greta and her mother-in-law Donna had never gotten along. Bob's mother was not Jewish, and Greta resented the Christmas presents that were sent to the children. But because Greta's mother herself was sick during this period, Greta was also grateful to Donna for coming and staying with the family. And, much to Greta's surprise, her relationship with her mother-in-law totally transformed. She has become very close to Donna, and her mother-in-law has learned to love and embrace Judaism, because she saw what Judaism did for her son's family. Greta now treasures this relationship and she and Donna talk almost daily. Greta is currently healthy, and intends to stay that way.

Sandy and Martin

Sandy and Martin were married many years, and were very proud of their three grown children and several grandchildren. They had always been Jewishly active, with Sandy participating frequently in synagogue life. Martin came to services with her, but considered himself a cultural Jew. He described himself as an atheist and he loved to argue with the rabbi about God. However he felt it was important to preserve the Jewish religion; in fact one of Sandy

and Martin's sons as well as a daughter-in-law are rabbis. Martin was trained as an engineer, a field he worked in for many years; in his "retirement" he became interested in real estate and property management. His wife Sandy worked in the business with him, and they were very close.

For a long time Martin had felt not quite up to par. Finally it was discovered that he had developed leukemia. He regularly saw his hematologist, but in July of 2004, six months before his death at age 73, there was a drastic change in his white blood cell count. One of his daughter-in-laws, a trained nurse, also noticed that his breathing had become shallow. Martin went in to the hospital to have fluid drained from his chest; lab results showed nothing wrong. Doctors told Martin that the problems with fluid in his chest were not related to his leukemia, although when Sandy and Martin got a second opinion, that doctor did say something about a link to the leukemia. No one, however, seemed sure of a diagnosis, and Sandy and Martin did not pursue the issue.

During the fall, Martin gradually grew weaker. He kept working, every day getting up and dressed and going to the office, even if only for a few hours. Although Martin and his sister were close, he had a contentious relationship with his brother. They had not seen each other or spoken for many years. At Thanksgiving, Martin's rabbi son and rabbi daughter-in-law came to visit. As Sandy tells it, they used this time with Martin to "do an intervention." The *parasha*¹¹² that week happened to be *Va-Yiggash*, the story of Joseph's reconciliation with his brothers. Martin's son and daughter-in-law taught the *parasha* to their father, and spoke to him about how important it would be for him to reconcile with his brother. And, as Sandy says, Martin "got it." He forgave his brother. Ten days later Martin would be dead.

112. Weekly Torah reading.

The doctors, whom Martin and Sandy respected and with whom they felt totally comfortable, thought that Martin should begin chemotherapy. Sandy wanted him to have the chemotherapy, but Martin was unsure. However Martin did enter the hospital to have a chemotherapy port inserted in his chest. This was a difficult procedure for Martin, one he did not tolerate well, and Sandy says it is what "propelled him over the edge." He ended up in the intensive care unit. When the doctor asked him when he would be ready to begin the chemotherapy treatment, he answered "ask me on Thursday." He died on Wednesday night.

Martin never talked about dying, although he would say to Sandy, "I'm 73, nobody comes out of this alive." Sandy says he was at ease with that. She talks about his death as a "good death." Martin was able to spend a lot of time with his family in the last few weeks and months, and all his family was at the hospital with him before he died. They all had time to "say goodbye." Sandy has no regrets; she recognizes that she did all she could for him. Martin was aware of all she had done; the moment he was able to tell her thank you was very meaningful to Sandy.

Sandy says that during the time of Martin's final illness the loss she knew she was going to experience brought up all the other losses she had had in her life, and it was difficult. What she prayed for, she says, was not a reversal or a miracle, but for the strength to get through what she needed to get through..

For Sandy "Judaism did all it was supposed to." The community was supportive, meals were prepared, and the rabbis were there. One of the rabbis came to see Martin in the hospital. She asked Martin if he would like a *MiShebeirach*.¹¹³ His reply was, "if *you* need to, rabbi." On the night before he died, Martin asked that his brother be told that he was in the hospital. As

¹¹³ The Jewish prayer for healing of both body and soul.

Sandy later said, "the rabbi's *MiShebeirach* did work." Sometimes we question saying the *MiShebeirach* prayer, the prayer for healing, when it appears that a healing of the body is not possible. As this story shows, there are many kinds of healing that can still take place, even at the very end of one's life.

Jennifer and Randy

The family of Jennifer and Randy is no stranger to serious illness. Jennifer and Randy were married in 1962; it was a second marriage for Randy, who was ten years older than Jennifer. Randy, an electrical engineer, brought two children to the marriage, and the couple had three more children. When their youngest son was twelve years old he was diagnosed with Hodgkin's disease. He underwent chemotherapy and has been disease free since that time, but recently his older sister, at age forty-one, was also diagnosed with Hodgkin's disease. She is now in her second year cancer free. When she was fifty Jennifer herself had colon cancer. Today she remains vibrant and healthy. Unfortunately Randy was not so lucky.

In 1983 Randy was diagnosed with bladder cancer, and his bladder was removed a year later. After fourteen years disease free, Randy was diagnosed (in April 1997) with cancer of the thyroid. Statistically only one percent of people with cancer of the thyroid survive. Jennifer says that the doctor didn't say this to Randy, and did not give him a length of time he could expect to live. However neither did the doctor give Randy false hope. Jennifer cannot imagine being told the statistical evidence of a one percent survival rate. She says, "I'm sure you would always think that you will be that one percent."

However, even though it was unspoken between them, both Jennifer and Randy had separately researched the internet and recognized that the prognosis was not good. Jennifer says "We 'knew,' but....." Instead they got caught up in the endless rounds of doctor appointments,

treatments, and the everyday business of taking care of illness. They understood and were acquainted with the routine; prior to this all their outcomes had been positive, and that is what they assumed and hoped for. Jennifer found it was difficult to even think one day ahead, and it never occurred to her with any reality that her husband was dying. She and Randy "kind of talked about it, but not really." Their focus instead was on getting through each day.

Because of the growth of the tumor on his thyroid Randy began having trouble breathing, and the doctors thought it would be easier if he had a tracheotomy. Randy struggled with this decision. He did not want to have more surgery, and he knew that the tracheotomy would mean not only that it would be more difficult for him to talk, but that Jennifer would need to learn how to suction his throat and care for him. Eventually he did consent to the surgery. Before the surgery took place Randy wrote a letter to his family "in case I do not come through this surgery." Jennifer said that the doctors did tell them that indeed there was a good chance he would not come through the surgery. He did just fine, and Jennifer learned how to care for him.

Throughout this period four of the children of Jennifer and Randy were "fabulous." They were there, and were caring and supportive of both their parents. There was only one problem, and it was a big one. One of their daughters, Judy, had gone off to college and become involved in a cult. For a while her parents thought she would "outgrow" it; Judy never did outgrow the cult. On the contrary she became more and more immersed in it, eventually becoming the common law wife of the cult leader.

While Randy never did talk about death, he did talk about his regrets concerning Judy. He wrote letters on the computer to Judy almost every day. Randy felt that his relationship with this daughter was unfinished business, and he wanted to take care of it. The letters were never mailed because they had no address for Judy, and Judy never came to see her father. She has

effectively cut herself off from her family. They are not even sure of how or where to contact her. Randy died with "unfinished business."

In the end Randy died suddenly, at home, three months after the thyroid cancer diagnosis. He was sixty-seven years old. After his death one of their sons moved in with his mother, to help her ease the transition to a single life. She told me that almost every night, for the first eleven months, they said *Kaddish* together, and told stories of their husband and father. For them, this was an incredibly moving ritual, and one which sustained them through some difficult times.

Like the other couples described above, Jennifer and Randy were active in synagogue life. At the time of Randy's illness they had just changed synagogues because of a disagreement with their former rabbi. When the former rabbi learned of Randy's illness he "reached out," and they made peace. When Jennifer found Randy dead on their kitchen floor however, it was the "new" rabbi she called, and it was the "new" rabbi who did the funeral and helped Jennifer through the grief process.

II. What the Dying and Their Families Have to Teach Us About Dying

Dignity and Respect

No matter what is happening to a person's physical body, people who are actually dying still tend to think of themselves as a strong, whole human being. When my mother-in-law was in her eighties she told me that every morning when she got up she thought of herself as a young woman. She loved to dance, and she imagined that she could still dance as she had when she was in her twenties. She felt, in her mind at least, vibrant and full of energy. And that is how she wanted to be treated. Not as an old woman with an oxygen mask on her face and an IV in her arm, but as a living and complete human being, one who still had dreams and hopes, anxieties

and fears. As we learned earlier in the *halakha* for the treatment of the *goses*, a person who is dying is to be treated as a living person in all respects.

When my friend Gene was dying the doctor would come into the hospital room and ask his wife to step outside so he could talk to her. When this happened, Gene would cry out "I want equal time. I want to know what is going on too." We tend to think of the person in the bed as if he or she really weren't there, and to ignore them when decisions are to be made. Rather, each person must be allowed to participate in their own death. After all, it is their death and no one else's. They only get to do it once, and they need to be in charge. It is each person's choice of the way in which they want to be involved in their own death, but they cannot die on their own terms unless they participate in their own death. Participating in these decisions requires advance planning and tremendous determination on both the part of the patient and also the patient's family.

Patients react differently when they are told of a life-challenging illness. Some want to continue on exactly as before, with no thought of what will come. Others want to pursue aggressive care and treatment, while others want to let nature take its course, without requesting heroic measures or life-extending technologies. Still others want to take complete charge of their own care, or the opposite of this, to let another person decide what is best for them. Each person has to make his own decision, and we must respect the fact that whatever choice he makes is right for him. And, as several chaplains told me, what people want and need may change over time. A patient may make one decision when they receive the diagnosis and quite a different one after months of chemotherapy. The latest decision a patient makes is the one that counts, and changes of mind should be honored and respected. None of us knows how we will

react when we have a life-challenging illness, and we should not place value judgments on whatever the patient chooses as to what is right, at that time, for him or her.¹¹⁴

Many people let their doctors get away with telling them too much or too little. David Kessler, in his book *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter*, gives the following advice: "Ask questions--and demand answers if they are not forthcoming. Insist that your doctor sit down with you and your family to explain the situation and answer all your questions. Get ready for the meeting by asking the nurse about your disease, reading about it, getting information off the internet. Come prepared with a list of questions. Don't expect to be popular with the doctors you question."¹¹⁵

Open, honest, assertive and questioning individuals who want information are not always welcome visitors in the medical system, although this seems to be changing. However, many patients are afraid to ask questions. They can't imagine questioning the physician or telling the physician what to do. Ideally the doctor is willing to be open with his or her patient and say: "I wish I had different news, but I have to tell you that it looks like you are dying. I don't know when you are going to die. This is what I can do for you, and this is what I can't do for you. What would you like to know? How would you like to proceed?"

Illness and death are never easy. Information will not change the course of the disease, but it will help a patient feel in control. Gene was one of the people who wanted to know and understand what was happening to his body. He was fortunate in that he had a cousin who was a medical doctor. As soon as new lab results were available, Gene would call his cousin who would patiently answer all questions, and interpret the latest results. We are not all that lucky,

114. Recognizing of course, that patients naturally will have almost daily ups and downs.

115. David Kessler, *The Needs of the Dying: A Guide for Bringing Hope, Comfort, and Love to Life's Final Chapter* (New York: Quill-Harper Collins 2001), 39.

and many doctors do not have time or patience to do this for everyone. Yet, if the patient wishes to participate in his or her own death, they must be given honest and accurate information about their medical condition. And in all cases, they must be treated with dignity and respect, and their wishes honored.

Almost thirty years ago my beloved piano teacher was dying of metastatic breast cancer. Her husband called and said she had asked to see me. I flew from Washington, D.C. to Cincinnati, Ohio, not knowing what to expect. When I got to her home, to my horror and disappointment, she refused to see me, saying she could not bear for me to see her in bed, with no hair. I left quietly, with a mixture of anger and deep grief. I could not understand how her "vanity" would keep me from being with her. And yet, at some level I knew I had to respect her wishes. I did not understand them, but I had to recognize and honor them. Later that evening she called and said she would like to see me the next day--she had rethought her priorities and realized that it was important to her to see me. When I did visit the next morning I thought she looked absolutely beautiful, and told her so. She had no hair, no make-up, but her courage and her determination to fight the cancer to the very end gave her an aura of beauty that was almost palpable. We cried together, told stories and laughed, and said goodbye.

Permission to express emotions: fear, anxiety, anger

People who are facing death often live with fear. Some are afraid of death itself, afraid of losing relationships, their individuality, their conscious being. Others accept the reality of death but are afraid of dying alone, or of dying in a hospital. For others what is most frightening is the fear of pain, or the unpredictability of the dying process. Many patients express anger at God for letting them die. They ask, "why me?"

Rabbi Amy Eilberg, like many other chaplains and rabbis I talked to, does not believe it is necessarily the chaplain or family's role to make people less afraid of death or to be less angry at God. Sometimes the fear and anger are too powerful to be soothed. Rather, it is best to listen and give the patient permission to express these fears and angers. Frequently, just talking about it, and knowing someone is listening, can be the greatest gift we can give a dying patient. We don't always have to say the "right" thing, we don't have to give answers, we just have to listen and be present.

Patients who are afraid of death can be reminded that, in Jewish liturgy, we "practice" dying every day when we recite prayers that remind us of our own mortality. When we go to bed at night we recite the *Shema*:

שמע ישראל יהוה אלהינו יהוה אחד
Hear O Israel, Adonai is our God. Adonai is one.
----Deuteronomy 6:4.

It is surely no coincidence that the *Shema* is also to be recited just before death. In instituting these practices "the rabbis almost certainly intended to have us treat the process of going to bed each night as a daily rehearsal for the final moments of life. Each night we relinquish our conscious control over our lives. We descend into darkness, into a state in which we have little control over our bodies or our thoughts, a state which the rabbis call one-sixtieth of death."¹¹⁶ Each night we place our lives in the hands of God, just as we will when we close our eyes for the last time. Each night, we are to practice trusting that somehow, without our knowledge or control, everything will be okay."¹¹⁷

When we awake in the morning we recite:

¹¹⁶. *BT Berachot 57b*.

¹¹⁷. Eilberg, 379.

מודה אני לפניך מלך חי וקים שהחזרת בי נשמתִי בחמלה רבה אמותך.

I thank you, Ever-living God, that you have returned my soul to me in love. Your faithfulness is very great.

We begin each morning with the reminder that our soul, which we had placed in God's hands the previous evening, has been returned to us. "It seems clear that the rabbis hoped that if one actively cultivated awareness of the precious gift of life, one would live differently, and perhaps, die just a little differently when the time came."¹¹⁸

Once a year, on *Yom Kippur*, we figuratively die and are reborn. Traditionally, on this day men wear a *kittel*, a linen shroud in which, at the end of life, they are buried. We also recite the *Vidui*, the confessional prayer. Although the *Yom Kippur* prayer is in the plural, and the final confessional prayer is in the singular, the *Yom Kippur Vidui* may be seen as a "rehearsal" for the *Vidui* we recite at the very end-of-life.

There is a wonderful story from the Talmud about the experience of death itself: as Rabbi Nachman was dying Rava said to him, "Do show yourself to me after you die." Nachman did show himself to Rava in a dream, and Rava asked, "Did you suffer much pain?" Rabbi Nachman answered, "It was as easy as taking a hair from a pitcher of milk. But were God to say to me, 'Go back to the world as you were before,' I would not want to go. For the fear of death is so great there."¹¹⁹ Rabbi Nachman reminds us that fear of death is not new.

Many people have fear of dying alone. When my father was dying he was able to accept the fact of his own death. He felt it was an accomplishment to have reached the age of 75; he loved to quote Psalm 90:10 "The span of our life is seventy years, or, given strength, eighty years..." He was right in the middle of this span. He had been unwell for years, and had fought

118. Ibid., 380.

119. *BT Mo'ed Katan 28a*.

with tenacity, dignity, and courage. But he seemed to know the time had come to let go. His one request was not to die alone. Fortunately we were able to honor that request, and although I was not able to be there, my sister and nephew were holding his hands when he died. At the end they gave him the greatest gift of all: the gift of their presence.

Other patients fear dying in the hospital, and they ask to die at home. Sometimes this request is possible, and sometimes not. Else had promised her husband Gene he would die at home. Unfortunately, she was physically unable to take care of him in the last few days of his illness, and he died in the hospital. Else told me that was her biggest regret, and she felt she had failed him at the very end. What I told her, however, was that for Gene home was wherever she was, and she was with him. Ideally we will all die at home, in our own bed, surrounded by those we love. When that is not possible, we can still do all we can to see that the patient does not die alone.

Many patients, however, do not want their families to suffer, and they seem to wait until their families are out of the room until they die. My grandmother was one of those people. All her life she had always been most concerned about the other person; she never wanted to be a burden on anyone else, and she hid the fact that she had bone cancer and was dying until she was finally taken to the hospital. The family was able to see her in the hospital and spent several days with her. One afternoon she said she was tired and requested we all go to the cafeteria for a cup of coffee. When we returned, she had died. She was in charge of her own dying, and she died as she had lived--quietly and with dignity.

What other patients fear most is pain and anxiety. Many patients fear pain more than their actual death. The introduction of better pain drugs and the acceptance of palliative care have significantly reduced the impediment pain can bring to a "good dying." Nevertheless, the

“management of pain and anxiety can range from effectively under control to uncontrolled and crippling.”¹²⁰ There are a number of reasons why pain management varies across the dying experience. Not all doctors and nurses are trained in palliative care, and may be ineffective in administering treatments. Often patients, family members, and physicians have differences in opinion as to how pain treatment should be managed. Frequently patients will refuse pain medication because they are worried they will become addicted. All these issues need to be addressed; what I have been told by competent physicians, however, is that patients can be assured they need not die in pain. As Elliot Dorff writes: “Since pain is not a way to obtain holiness [in Judaism], it is our duty to relieve it.”¹²¹

Some patients look on their illness as a punishment by God. They are angry at God. As we saw in Chapter I illness as a punishment for sin is a concept we find in the Bible and in the Talmud.¹²² However, most modern rabbis deny this theological premise.¹²³ We now know illness can be caused by factors entirely out of the patient’s control, such as genetic pre-disposition, environmental influences, or simply as a natural breakdown of the body that occurs in old age.

Even though the traditional causal nexus between illness and sin is unsatisfying to most moderns, many patients, when faced with a life-challenging illness, may still believe they have done something to cause their own suffering. It is important that this question not be ignored or

120. Ira Boyck, *Dying Well: Peace and Possibilities at the End of Life* (New York: Riverhead Books, 1997), 60.

121. Dorff, 26.

122. *BT Sanhedrin 43b*.

123. Linking illness and death to sin is not a contemporary Jewish view. Anne Brener gives a helpful contemporary view of sin: “There are essentially two kinds of sin: Those against God and those against other humans. A human life stretches from dust to dust. In between, it is animated with the breath of God’s soul. A human being has that soul ‘on loan’ and is obligated to use it to its full potential to fulfill God’s precepts. To sin against God, then, is to ‘miss the mark’ [one definition of sin--*chet*] in living up to that trust. In secular terms, this kind of transgression represents a failure in meeting goals consistent with an individual’s unique ability and destiny....traditionally it is God who forgives our trespasses against our own potential, for these are sins against God. But forgiveness for transgressions that one human commits against another must be worked out between those individuals...a dying person is encouraged to settle all debts to others, whether they are material or emotional, before death.” Anne Brener, *Mourning and Mitzvah: A Guided Journey for Walking the Mourner’s Path Through Grief to Healing* (Woodstock, Vermont: Jewish Lights Publishing, 2001), 65.

dismissed as illogical or unhealthy. When a patient asks "Why is God punishing me with this illness?" the reasons behind the statement need to be explored. We can ask the patient if there is a specific reason he or she thinks that God is punishing him or her. "The guilt that is expressed in the initial question may be the result of unresolved issues."¹²⁴ If a patient is haunted by a shameful incident in the past, spiritual healing would necessitate that the caregiver (whether rabbi, chaplain or family) help the patient work through any unresolved issues so the he or she may move toward reconciliation and spiritual wholeness. Amy Eilberg calls this process "finishing business." She teaches that engaging in this difficult work helps the sick person to begin to make peace with God and Judaism in advance of their death.¹²⁵

In his book, *When Bad Things Happen to Good People*, Rabbi Harold Kushner espouses a modern theology concerning sin and illness which many find extremely comforting.¹²⁶ His theology allows for randomness in the universe. Sometimes illness is just a matter of coincidence or bad luck. Kushner's system denies the idea of divine punishment. He writes that illness is either a natural process, or, in exceptional cases, a product of the randomness of the natural world. Sometimes accidents of nature take place. God has no role in these accidents, and victims certainly bear none of the blame. For Kushner, as well as for other liberal Jewish theologians, the question not to ask is "Why is God doing this to me?" but "How can God help me to bear the pain?"

In addition to theological reconciliation, a patient may need to ask forgiveness from another person, or from himself. A person who expresses the theology of divine punishment may be struggling with an unresolved dispute with a close family member which must be settled; this

124. Pearlman, 95.

125. Eilberg, 325-326.

126. Harold Kushner, *When Bad Things Happen to Good People* (New York, Schocken Books, 1981).

is difficult work, but if at all possible, settling these issues can allow the patient to embrace death knowing they are at peace with their loved ones. In our story of Jennifer and Randy above, Randy did all he could to reconcile with his estranged daughter Judy. Even though he was not able to actually see and talk with her, the emails he wrote her served, at least for Randy, to establish a connection that allowed him to know he had done all he could to reconnect with his daughter.

The theological link between sin and suffering may enter into the theology of a person who has made poor lifestyle choices. Lifestyle choices, such as smoking, overeating, or engaging in unprotected sex are all linked with disease. The patient may be struggling with some guilt issues related to unhealthy lifestyle choices. Just as it is important to encourage reconciliation with God and other people, it is also important for the patient to forgive him or herself for any role he or she may have played in his or her own illness.

The Power of Hope

Our lives are based on hope.¹²⁷ It is also the primary way in which we try to control death. We try to control the “when” of death with the hope for a cure. When we lose that, we hope to control how, when, where, and with whom we wish to die. We hope that we won’t lose control over our lives and our bodies as we approach our last weeks or days. Hope, along with fear, affects everyone who struggles with a life-challenging illness. If we take away a person’s hope, we leave them with nothing but fear. Hope is a basic need in life as well as in death.

The dying, even when the end is near, have a need to hope. Regardless “of whether or not we think that hope is valid, it is something we should protect. Hope should never go away, but what we hope for can change. First we may hope to recover; then we may hope for a peaceful

127. For an important book on hope see Jerome Grollman, *The Anatomy of Hope: How People Prevail in the Face of Illness* (New York: Random House, 2004).

death.”¹²⁸ Hope and reality do not need to clash. David Kessler writes: “I’ve sat with hundreds of people who were in their last days, hours, or minutes, and I never once said ‘There is no hope.’ Instead, I say, ‘It looks like you’re going to die, but there is still the possibility of something happening. It’s okay to hope.’ When given this permission, the terminally ill often explore their hope for healing or for a cure, then move on to talk about what kind of death they’re hoping for should they not be cured.”¹²⁹ As Jews, we always “choose life;” what we may hope or expect from life may change, but we always pray for life. And let us not forget that miracles do occur.

I have observed that denial of death approaching can actually be very positive for some people. As we saw in the story of Jennifer and Randy, this couple was able to get through the last few weeks of Randy’s life because, on the surface at least, they did not “realize” he was dying. Denial can allow people to take last trips, to attend a grandchild’s *Bar/Bat Mitzvah*, or plant a garden. It can help mediate the emotions of fear, anxiety, and grief. For some people, denial is a positive and life-affirming way to cope with the stress of death.

We must be careful not to judge the way people choose to see their reality. It is not our place to tell anyone, before they are ready to hear it, that his or her loved one is dying, or to insist on having a conversation about dying. We must be respectful of each person’s state-of-mind, whether patient or family, in the spectrum of the acceptance of dying.

Grief

When we acknowledge our own grief to a loved one who is dying, we allow him or her to grieve with us. This can be a very moving and important experience to share together. At the time our loved one becomes sick we tend to look for comfort outside the sickroom and away from our loved one, wishing not to be a burden on her, or to allow her to see our own sadness.

128. Kessler, 8.

129. Ibid., 9.

But we should not deprive her of the chance to be a loving person. By opening up we include her in our lives and our grief. We are honest with her, and we honor her with our grief. By acknowledging our grief we also allow her to recognize and talk about her own grief.

When Gene was diagnosed with stomach cancer, the doctor told Gene and Elsa that Gene had perhaps nine months to live. The doctor was exactly right. Elsa took a leave-of-absence from work, and they spent all the time they could together. There were periods between treatments in those nine months when Gene felt well enough to travel, and they indulged in their favorite kind of vacation, a cruise that included education; they also made a trip to Russia to explore the villages from which Gene's family had come. They walked the streets together, and Gene was even able to enjoy dishes in the local restaurants. The one thing they did not do together was grieve. Else says that they cried together only once; all other times they cried separately. They were trying to be careful of each other's feelings, but Else now says this was a mistake. Crying together could have brought them both comfort. We will grieve alone for the rest of our lives, missing our loved ones long after they are gone. There is a brief period, while they are dying, that we can grieve with them. As David Kessler writes, "It is not a matter of *if* you will grieve, but *when* you will grieve. Don't miss the opportunity to grieve with another who shares your pain. Those who grieve well, live well."¹³⁰

Communications of the Dying

Maggie Callaghan and Patricia Kelley, in their book *Final Gifts--Understanding the Special Awareness, Needs, and Communications of the Dying*¹³¹ focus on the communications of the dying. "Dying people may tell us they know the end is near; they may sense the presence of

¹³⁰. Kessler, 33.

¹³¹. Maggie Callahan and Patricia Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying* (New York: Bantam Books, 1997).

people we cannot see, or a place of peace and beauty invisible to those around them. They may tell us about dreams they have had."¹³² Families of those who are dying need be sensitive to and respectful of those messages; one person with whom I spoke said that it was as if their loved one was speaking in "code." These are important communications; we cannot dismiss them as the idle dreams of those who are dying.

Often dying patients will speak about a journey they must take. When Tamara's husband was dying, suddenly in the middle of the night he got up and insisted that she and his nurse dress him, find his car keys, and go with him to San Diego, the city of his birth. All involved knew he was physically unable to make that trip. When Tamara calmed her husband she was able to ask him, "what do you want?" And, poignantly, he answered her, "I want to go home." It was then that Tamara knew the love of her life was ready to die.

In each of the stories related above, the patient seemed to know when he/she had little time to live. In effect, the patient identified himself as a *goses*. Bob asked Greta to call the rabbi; when the rabbi arrived, he asked for the *Vidui*. Bob had finally accepted, and come to peace with, death. The next day he did indeed die. Martin told his physician to "wait until Thursday" when he would give him an answer about his readiness to accept chemotherapy. Martin, who did not want chemotherapy, died on Wednesday night. Tamara's husband died soon after his dream of returning "home." The dying frequently tell us when they are ready to die, we just have to listen.

132. Ibid., 173.

CHAPTER 4

PRAYER AND RITUAL FOR THE END-OF-LIFE

הרפא לשבורי לב ומחבש לעצבותם

[Adonai] heals their broken hearts, and binds up their wounds

---Psalm 147:3

Jewish tradition has a complete liturgy, ritual, and structure to respond to the death of a Jew. From the moment we learn of a death, through the following days, weeks, months, and years, the laws of mourning and ritual are well-defined. We are told what to do, what to say (such as the mourner's *Kaddish*) and when to say it. The system of laws and customs is complex, and it is complete.

In contrast, relatively few words and practices are associated with the end-of-life itself. Alison Jordan and Stuart Kelman write: "and those which exist are not widely known or observed in modern American Jewish practice. Although the the subject of death is of fundamental theological interest, and despite the inevitable confrontation of every human being with this highly charged emotional, physical, and spiritual passage, there is little Jewish structure to support us during this liminal period."¹³³

When I first had the idea for this thesis I assumed the focus of the thesis would be a ritual or rituals that could be used when a patient learns of the diagnosis of a life-challenging illness.

I believed this ritual would mark the beginning of a new stage in the patient's journey, and that recognizing this stage "formally," perhaps surrounded by family and friends, would be transformative and comforting. When I mentioned this to rabbis, chaplains, and the families of those with a life-challenging illness however, they all reacted with horror and disbelief. They

133. Alison Jordan and Stuart Kelman, "The *Vidui*: Jewish Relational Care for the Final Moments of Life," in Jack Bloom (ed.) *Jewish Relational Care A-Z: We Are Our Other's Keeper* (New York: The Hayworth Press, 2006), 375.

definitely did not want a ritual to define this time in their life. What I learned is that patients most often hope for life, for a cure, for a miracle. And this is a very Jewish way to think about illness. A ritual which recognizes that they are in the last stage of life is not helpful, and in fact may even be harmful. Rather, if they want anything, many patients prefer a prayer which comes out of their own narrative, that is specific to them, and which is fluid and flexible. As they progress in their dying process and begin to embrace their own death, different prayers which respond to their need at the moment may be used.

Prayer and the Role of the Rabbi

Rabbi Dayle Friedman eloquently explains the role of the rabbi in helping those with life-challenging illness. She calls this role that of *livui ruchani*,¹³⁴ spiritual accompaniment.

Friedman writes:

We walk along with those we serve in the course of their journeys through suffering, illness, change, and joy. Like Miriam, who stood and watched as baby Moses sat in his basket on the banks of the Nile, our greatest gift is sometimes simply being present alongside our people. We join them, at times offering encouragement or concrete help, at other times simply witnessing their endurance, their pain, and, with God's help, their resiliency...we make sure that those who suffer are not alone, and we endeavor to help them transcend their suffering.¹³⁵

We, as rabbis and chaplains, need to be open to these moments whenever and whenever they occur. We need to sit in the patient's moment, be available, and listen actively to what this special human being shares with us from his or her life story.

Prayer is an attempt to establish relationship. Prayer helps many people feel closer to God and to those who came before them. As rabbis, we can facilitate relationship by our presence,

134. Friedman describes the term: "The root of this term, *lvh*, is used in Biblical and Rabbinic texts to refer to one who 'walks with' another. Ministering angels, God's presence, friends, priests, and peers are all described as *lvh*, accompanying people as they go on their path." Friedman, xvii.

135. Friedman, xv.

through sharing information about Jewish tradition, and offering to pray together. Prayer may be silent and personal, as well as public and formalized.

Silence

We learn from the death of Aaron's sons, Nadav and Avihu, in Leviticus 10:3 that silence can be an appropriate response to grief, or to hearing difficult news.¹³⁶ The text says וַיִּהְיֶה אַהֲרֹן שָׁמֹט, "and Aaron was silent." The silence of Aaron is traditionally given as the reason for not speaking upon entering a house of mourning. This understanding gives legitimacy to silence as an appropriate response to grief. There is certainly grief when one learns the diagnoses of a life-challenging illness. Sometimes sitting silently with a patient may be the most compassionate and kindest response we can make. We should not be afraid to sit silently, perhaps holding the patient's hand. We do not always have to talk, and should feel comfortable with periods of silence. Words are not the only way we communicate.

Psalms

The Jewish tradition suggests the recitation of specific Psalms as a source of comfort in times of crisis. In the book *Healing of Soul, Healing of Body*¹³⁷ are found ten Psalms which were designated in the late eighteenth century by Rabbi Nachman of Breslov as healing Psalms. In this book rabbis from the various Jewish movements discuss and give possible modern interpretations of these Psalms. This book is a helpful and important source for the Rabbi who wishes to use Psalms¹³⁸ in his or her work.

136. See also Sheldon Marder, "God is in the Text: Using Sacred Text and Teaching in Jewish Pastoral Care," in Bloom, *Pastoral Care from A-Z*, 183-210.

137. Simka Weintraub (ed.) *Healing of Soul, Healing of Body: Spiritual Leaders Unfold the Strength and Solace in Psalms* (Woodstock, Vermont: Jewish Lights Publishing, 1994).

138. The Hasidic master Rabbi Nachman of Breslov (1772-1810) identified ten psalms as having special power to bring a true and complete healing: *R'fuat HaGuf* and *R'fuat HaNefesh* (Healing of the Body and Healing of the Spirit). Rabbi Nachman designated these ten psalms the *Tikkun HaKlali*, the Complete Remedy. They are Psalm 16, Psalm 32, Psalm 41, Psalm 42, Psalm 59, Psalm 77, Psalm 90, Psalm 106, Psalm 137, and Psalm 150.

The tradition also suggests other Psalms which may be used in times of crisis. Verses from Psalms such as 49:16, "But God will redeem my life from the clutches of *Sheol*, for God will take me. *Selah*." Psalm 42:2, "Like a hind crying for water, my soul cries for you, the living God; Oh when will I come to appear before God!" Psalm 63:4, "For Your loving kindness is better than life; my lips shall praise You," as well as the well-known Psalm 23. Also helpful are Psalms 27:14, "Hope in God; Be strong and let your heart take courage; Hope in God." Psalm 30:3, "Adonai, my God, I cried out to You, and You healed me," and Psalm 30:6, "Though weeping may endure for a night, joy comes with the dawn." Psalm 90:12 "Teach us to treasure our days, that we may obtain a heart of wisdom." Psalm 121:1-2 "...I turn my eyes unto the mountains; From where will my help come? My help comes from Adonai, Maker of Heaven and earth," or Psalm 103:2-3 "Bless Adonai, O my soul, And do not forget any of God's bounties. For God forgives all your sins, Heals all your disease." The rabbi can encourage and help patients, if they wish, find other Psalms that are particularly meaningful to them. One can also make a mosaic of verses from different psalms which reflect the patient's own needs and concerns, hopes and fears.

MiShebeirach

Many patients, when asked if they would like a prayer, ask for "something in Hebrew." Some patients are familiar with the *MiShebeirach* (literally "the One who blessed) prayer.¹³⁹ The traditional prayer¹⁴⁰ reads:

139. Many congregations sing the Debbie Friedman version of the *MiShebeirach* regularly at services.

140. As found in the *CCAR Rabbi's Manual*, 195-196.

מי שברך אבותינו, אברהם, יצחק ויעקב,
 ואמותנו, שרה, רבקה, רחל ולאה,
 הוא יברך וירפא את החולה/החולה _____
 הקדוש ברוך הוא ימלא רחמים עליו/עליה
 להחלימו (להחלימה) ולרפאותו (ולרפאותה),
 להחזיקו (להחזיקה) ולהחיותו (ולהחיותה).
 וישלח לו (לה) במהרה רפואה שלמה, רפואת
 הנפש ורפואת הגוף, בתוך שאר חולי ישראל
 השתא בעגלא ובזמן קריב, ונאמר: אמן.

O God, who blessed our ancestors, Abraham, Isaac, and Jacob,
 Sarah, Rebecca, Rachel and Leah, send blessing to _____.
 Have mercy on him/her, and graciously restore his/her health and strength.
 Grant him/her a *refuah-a sheleima*, a complete recovery,
 along with all others who are stricken.
 May healing come speedily, and let us say. Amen.

When one offers prayers for a patient, it is important to evoke hope, but not false hope.
 The *MiShebeirach* prayer prays for a *refuah schlema*, a complete healing of body and soul. As
 Anne Brener writes: "The concepts of dual realms of healing encourage an understanding that
refuat haguf and *refuat hanefesh* are at once distinct and interrelated, and this awareness helps
 those who suffer confront the erroneous notion that healing and cure are synonymous. Promoting
 this understanding teaches that sometimes the body's symptoms ameliorate but that the soul
 continues to ache, and other times the body does not heal, but there is a transformation and
 healing of the soul."¹⁴¹ Brener continues with "...the meaning of *refuah schlema* must in some
 cases include the difficult truth that relief will come only with death, and that this, too, is a form
 of healing." It is important to understand that when offering the *MiShebeirach* prayer the rabbi
 explains the belief that even in the absence of a cure, healing is still possible.

Alison Jordan has written a beautiful contemporary *MiShebeirach* intended for those who
 are gathered around a deathbed:¹⁴²

141. Anne Brener, "Prayer and Presence" in Friedman, 130.

142. Alison Jordan in Bloom, *Pastoral Care from A-Z*, 384.

May the One who blessed Abraham with seedlings
as countless as the sands
bless us, the generations of the blessing.

May the One who comforted Abraham, Sarah, Hagar, Ishmael, and Isaac
comfort us now, and hear us in our distress.

May we, too, be remembered with compassion, laughter, and miracles,
and be blessed to welcome the visiting angels in our midst.

May we be like Abraham when he knew grief.
Abraham wept out loud and mourned for Sarah,
he praised her and he buried her.
And it is written of Abraham: "He was blessed with everything."

May the One who blessed Abraham, who promised Abraham:
"You shall come to your ancestors in peace,"
grant that (_____, and) each of us in our time
shall come to our ancestors in peace.

As we gathered together today
may we be gathered someday in *Gan Eden*.
May it be so, and let us say, Amen.

Spontaneous Prayer

For many Jews, it is difficult to create spontaneous prayers.¹⁴³ We are used to reading from a prayer book, and when asked for a spontaneous prayer, we really don't know what to say, or even how to begin. Charles Rabinowitz offers some helpful suggestions for spontaneous prayer.¹⁴⁴ He writes that in composing a spontaneous prayer he frequently begins with formulaic phrases, followed by words specific to the individual. His suggestions include:

May God Bless you and keep you...

May God fill you with grace and healing strength...

May God look deep into your mind and see your heart...

143. For a helpful essay on how to create Jewish spontaneous prayer see: Bonita E. Taylor, "The Power of Custom-Made Prayer," in Friedman, 150-160.

144. Charles Rabinowitz, "The Muse of Spontaneous Prayer for All the [*Tzelem* <--> *N'shama*] Relationships," in Bloom, *Pastoral Care A-Z*, 136.

May Dr. _____'s hand be quick, steady, and sure...

Be grateful for your care...

Be grateful for your family member(s)...

In the times of our fathers and mothers, praised is Adonai who heals the sick, who takes you safely through surgery, and from there back into the fullness of your life path...

Raabinowitz then adds to these phrases what he has learned about the patient's life story, and blends this into the prayer. He also suggests knowing what is to be accomplished with the prayer. As Jack Bloom writes:

What can I (the rabbi) do that will help this person heal, deal with pain, cope with permanent life changes, and even oncoming death?...To do this, rabbis need to learn as much as they can about the world their patients live in and how they structure reality...how they think, how their belief systems work. To do this means knowing their "language," values, concerns, and resources. This means knowing their "history" as they perceive it and as others interpret it... No two people respond the same way.¹⁴⁵

Many rabbis with whom I spoke like to end their spontaneous prayer with the Priestly

Blessing:

יברכך יי וישמרך.
יאר יי פניו אליך ויחנך.
ישא יי פניו אליך וישם לך שלום.

ברוך אתה, יי, רופא חולי עמו ישראל.

May God bless you and keep you;
May God's presence shine upon you and be gracious to you
May God's presence be with you and give you peace.

We praise you, O God, who heals the sick.

145. Jack H. Bloom, *The Rabbi As Symbolic Exemplar: By the Power Invested in Me* (New York: The Hayworth Press, 2002), 238.

Singing

Doctors tell us that the last of the five senses to be lost is the sense of hearing. Even patients who are in a coma respond to music. When the right words can't be found, it can be soothing to simply sing to a patient. Sometimes patients ask for specific Jewish prayers or songs. If nothing comes to mind, we can always sing a *niggun*, a wordless Jewish melody. Other songs Jewish patients tend to request are *Adon Olam* (especially the last verse, *B'yado...*), *Kol HaOlam Kulo*, *Ein K'loheinu*, or *Shalom Rav*, *Sim Shalom*, *Oseh Shalom*. Each rabbi will find the melodies and songs that work for him or her; it is important to remember that music and singing can play an important role in end-of-life care.

Maavar Jabbok

In 1626, an important collection of Jewish readings, laws, and customs related to helping the sick, supporting those on their death-bed, and burial and mourning rites, was published in Venice, Italy. The author was Rabbi Aaron Berechiah ben Moses of Modena, an Italian *kabbalist*, who had strong ties to the city of Safed in Israel. Rabbi Aaron drew together words from every section of the Jewish Bible, from Talmudic and Midrashic teachings, and from Kabbalistic insights, to create this collection, which he named *Maavar Yabbok*, "The Crossing of the Jabbok" after the story of Jacob in Genesis 32. *Maavar Jabbok* was widely used in the 17th and 18th centuries, and was greatly valued for its prayers, rituals, ideas, and innovations rooted in ancient text and tradition.

I have included here one prayer from *Maavar Yabbok*, from a section dealing with death-bed prayers and practices.¹⁴⁶ It is interesting to note which verses Rabbi Berechiah has

146. Although *Maavar Jabbok* is easily available today, it has not yet been translated into English. Aaron ben Moses Berechiah, *Maavar Jabbok* (Jerusalem: Ahavat Shalom, 1996).

chosen for this beautiful and poignant prayer mosaic; perhaps the modern rabbi can choose several verses from this prayer, and make a prayer which will be uniquely his or her own.¹⁴⁷

It is so important that one be surrounded by other people at the time of death, that Rabbi Berechiah suggests that ten (a *minyan*) family members or friends gather and recite these diverse forty-three verses.¹⁴⁸ Many themes are found in this prayer, including: letting the dying person go to embark on the next stage of their journey (the prayer begins with the Hebrew word *לך*, "go," and this word is emphasized throughout); the approaching reunion with God as our Refuge and ultimate Source of lovingkindness; a sense of triumph over adversity; the attainment of a new level of sanctity; and a confidence in the sincere reaching for atonement and reconciliation.¹⁴⁹

לך כי שלחך יהוה.
לך ויהוה יהוה עמך...

1) Go your way, for you've been sent by God! (I Samuel 20:22)
Go, and Adonai be with you! (I Samuel 17:37)¹⁵⁰

2) Adonai his God be with him, and let him go up! (II Chronicles 36:23)

May Adonai bless you and protect you.
May Adonai illumine the Divine Presence, granting you shalom. (Numbers 6:24-26)¹⁵¹

On his right, Michael; on his left Gabriel; before him Raphael; behind him Uriel,
and above his head, *Shechinat El*/the Divine Presence. (adapted from the bed time ritual of *Shema*)¹⁵²

147. When I read this prayer mosaic I am struck by how "contemporary" it is. Dying has not changed over the millennia. Despite our advances in science and our "sophisticated" understanding of the physical world, the ultimate question--that of death--still eludes our intellectual and emotional understanding. It is the one mystery which, no matter our philosophical and political differences, still unites us as human beings.

148. The translation I am using is by Simkha Weintraub, found in "The Outstretched Arm," *National Center for Jewish Healing*, Winter, 2001, 8-9. Weintraub has also identified the source of all the verses.

149. This is a tightly constructed prayer mosaic.

150. Division into "paragraphs" is entirely mine. The meaning here seems to be that it is God who has "sent us" on this journey. And it is God who will be with us all along the way; we will not be alone.

151. From the Priestly Blessing (see page 75), the blessing that is said at important life cycle events. This prayer is saying that death is just another life cycle event.

152. We are surrounded on all four sides of the compass by angels, the messengers of God. And we are reminded of the ritual we say before submitting to sleep each night: the *Shema*.

- 3) Be strong and courageous; be neither afraid or dismayed;
for Adonai your God is with you wherever you go. (Joshua 1:9)¹⁵³

And God said, "My presence shall go with you, and I will give you rest." (Exodus 33:14)¹⁵⁴

Free his soul from its prison, to give thanks to Your name;
the righteous will surround him; for You will deal bountifully with him (Psalm 142,
adjusted to the second person)

- 4) Why so downcast, O my soul? Why are you disquieted with me?
Hope in God; for I shall again praise Him,
My deliverance, light of my countenance, my God. (Psalm 43:5)¹⁵⁵

- 5) "And he shall kill it on the northern side of the altar before Adonai; and the priests, the sons of Aaron, shall sprinkle his blood around upon the altar." (Leviticus 1:11)
"For on that day shall the *kohen* make an atonement for you, to cleanse you, that you may be clean from all your sins before Adonai." (Leviticus 16:30)
"But its entrails and its legs shall he wash in water; and the *kohen* shall burn on the altar, as a burnt sacrifice, an offering made by fire, a sweet savor to Adonai. (Lev. 1:9)¹⁵⁶

- 6) Gracious and compassionate is Adonai, slow to anger, overflowing with lovingkindness. (Joel 2:13, modified)¹⁵⁷
Adonai will be a refuge for the oppressed, a refuge in times of trouble. (Psalm 9:10)
The right hand of Adonai is exalted; the right hand of Adonai does bravely. (Psalm 118:16)
Remember Your compassion, Adonai, and Your lovingkindness;
for they reach into eternity. (Psalm 25:6)
And Adonai passed by before him, and proclaimed, "Adonai, The Lord God, merciful and gracious, long-suffering, abundant in lovingkindness and truth!" (Exodus 34)

- 7) Though he fall, he shall not be utterly cast down;
for Adonai upholds him with his hand. (Psalm 37:24)
The angel of Adonai encamps around those who fear Him, and saves them. (Psalm 34:8)
Adonai will rout out your enemies who rise up against you to be defeated before your face; they shall march against you one way, but flee before you seven ways. (Deut. 28:7)

153. This is what Joshua said before the people crossed over into the land of Israel, a time in our history as a people that required a leap of faith, just as death requires a leap of faith for each of us individually.

154. A comforting message from God: God's presence will go with us on the journey to death, and we are told to be neither afraid or dismayed; death is a part of life; God will be with us in this transition. And death is viewed as rest, both for body and soul.

155. This "paragraph" seems to acknowledge that our souls are, indeed, disquieted by the thought of death.

156. These lines may not directly speak to the contemporary Jew, but the underlying message is that one's sins will be forgiven. Our sins were atoned for by sacrifice in the time of the Temple; today we do not have this ritual to atone for our sins, but what we have is prayer and repentance. As the next lines remind us, God is gracious and compassionate, and slow to anger.

157. Part of the thirteen attributes of God's mercy, which are based on Exodus 34:6-7; these lines also have associations with the Yom Kippur liturgy.

You will winnow them, and the wind will carry them away, the whirlwind will scatter them; but you, you will rejoice in Adonai, you will glory in the Holy One of Israel!
(Isaiah 41:16)¹⁵⁸

- 8) Delight yourself in Adonai; Who will give you the desires of your heart. (Psalm 37:4)¹⁵⁹
- 9) Blessed shall you be when you come in, and blessed shall you be when you go out. (Deut. 28:6)¹⁶⁰
- 10) As an eagle rouses its nest, flutters over its young, spreads out its wings, takes them, and bears them on his pinions. (Deuteronomy 32:11)¹⁶¹
God set him atop the high places, feasting on the produce of the fields; God fed him honey out of the crag, oil from the flinty rock. (Deuteronomy 32:13)
The name of Adonai is a tower of strength; To which the righteous runs and is safe. (Proverbs 18:10)¹⁶²
- 11) Awake, O north wind; come, O south wind! Blow upon my garden, that its perfume may flow out. Let my beloved come into his garden, and eat its luscious fruits.
(Song of Songs 4:16)¹⁶³
- 12) Above it stood the *seraphim*; each one had six wings; with two he covered his face, and with two he covered his legs, and with two he did fly. (Isaiah 6:2)¹⁶⁴
- 13) Open the gates and let a righteous nation enter, one that keeps faith/truth. (Isaiah 26:2)
But those who trust in Adonai shall renew their strength; they shall grow new wings as

158. These verses use the imagery of war. They all deal with physical terms: fall, cast down, upholds (him with His hand), encamps, routs out your enemies, save, march, flee, winnow, the whirlwind will scatter them. The very next line speaks of the opposite of these war images: "who will give you the desires of your heart."

159. Immediately after images of war, we find a God who will give us the desires of our heart, certainly the opposite of the physicality of war.

160. See parallels with "paragraph" 2 and also "paragraph" 17. Structurally this is about the mid-point of the prayer. The prayer is thus unified by similar images in the beginning, the middle, and the end.

161. The Greek ideal of the Golden Mean said that the crux of a poem, a musical composition, a work of art, or a book, came approximately 2/3 of the way through the composition. Here, interestingly, the most compelling image of this prayer, to me, comes at almost the 2/3 mark of the composition. It is that of an eagle: one who protects its young, reigns from on high, finds in the crags of rocks the sweetness and purity of honey; and is able to grow new wings ("paragraph" 13); the prayer seems to be saying that the eagle is not defeated by that which comes to it.

162. This paragraph speaks God's safety and protection. We see the first reference to an eagle, which will come again in the prayer. The eagle protects and shelters its young, and also carries its young on its wings. Like God, the eagle nests on high places; the eagle eats honey (remember that Israel is called the land of milk and honey), which comes (in this passage) from the most unlikely of places (out of the crag). Honey as the ultimate food is sweetness, nourishment, and purity.

163. The גן (garden) here is also the Garden of Eden. The *Taharah* (purification of the dead) ceremony also uses lines from the Songs of Songs. We have had the physicality of war, the taste of honey (and the eating of luscious fruits) and now we add the smell of perfume.

164. Note connection with angels in paragraph 2. The angels-*seraphim*-seem to surround us.

eagles; they shall run and not be weary; they shall walk and not grow faint.
(Isaiah 40:31)¹⁶⁵

Then shall your light break through like dawn, Your healing spring up quickly;
and your righteousness shall march before you; the Presence of Adonai shall be
your rear guard. (Isaiah 58:8)¹⁶⁶

14) Adonai will guide you continually, satisfy your soul in drought, and give you strength to
your bones; You shall be like a well-watered garden, like a spring of water, whose waters
never fail. (Isaiah 58:11)¹⁶⁷

15) Who is a God like You, forgiving iniquity, passing over the transgression of the remnant
of his heritage? Who does not retain anger forever, delighting instead in lovingkindness?
(Micah 7:18)¹⁶⁸

16) Adonai of hosts is with us; our refuge is the God of Jacob, *Selah*. (Psalm 46:8)
Adonai of hosts--happy is the person who trusts in You! (Psalm 84:13)
Save, Adonai! The king will answer us on the day that we call. (Psalm 20:10)
You are my hiding place/my shelter; you preserve me from distress; You surround me
with joyous songs of deliverance. *Selah*. (Psalm 32:7)¹⁶⁹
Thus God redeems his soul from going into the Pit, and his life shall bask in the light.
(Job 33:28)¹⁷⁰

17) Adonai will guard you from all evil/harm; Adonai will guard your soul. (Psalm 121:7)
Adonai will guard your going out and your coming in from this time forth and evermore.
(Psalm 121:8)¹⁷¹

Change of Name

A ceremony which does not necessarily take place at the death bed, but which may occur
at any time during the course of a terminal illness, is that of changing one's name. This
ceremony may be found in the Orthodox rabbi's manual. The practice has its origins in the

165. As we learned in "paragraph" 10, an eagle protects its young, as God protects us. Eagles are an important metaphor for strength and safety.

166. Note here the use of the image of "leading in." God is leading us from one state to another. Again we find the image of eagles; for the first time we also see the image of death as a sense of healing.

167. Again we find the image of a garden, not only perhaps the Garden of Eden, but a garden of the soul that is well-watered and well-tended...a place of beauty, refuge, comfort. A garden which is in a state of continual nourishment. Water is used in the Bible as a metaphor for change; when we cross water we are changed. Abundant water gives us abundant blessings.

168. This is also a Yom Kippur reading. See "paragraph 6" when we also see the 13 attributes of God. Additionally there seems to be a subtle connection to "paragraph" 5: sins are forgiven by God to those who truly repent.

169. In "paragraph" 2 we are surrounded by angels, here we are surrounded by "joyous songs of deliverance."

170. The images here are ones of safety and being taken care of.

171. These lines seem to be an answer to the beginning of the prayer mosaic, "Go your way..." the answer being "for Adonai will guard you from all harm," making the prayer circular in form (see also paragraph 9).

Talmud. According to *BT Rosh Hoshanah 16b*, four things cause an evil decree against a man to be cancelled: they are *tzedakah*, prayer, adding a name, and changing action. Additionally, it was thought that if a sick person changed his name, the angel of death could not find him or her. Traditionally, to add a name, a person would open the Bible to a random page and add the name of the nearest Biblical patriarch or matriarch (or use the name *Chayyim*--life. When one recites a prayer on behalf of an ill person, the old name would be mentioned first, followed by the new name.¹⁷²

Vidui in the Tradition

In the traditional sources there does exist one deathbed ritual, know as the *Vidui*. The *Vidui* is a confessional prayer, to be said at the end of life by the *goses*. Because the *Vidui* is the only deathbed ritual which comes to us from the tradition, I include here a brief background of the *Vidui*.

According to the Mishnah, confessing at the time of death grants the confessor a share in the world to come. While the Mishnah gives no specific confessional formula, it does state that if one does not know how to confess, it is acceptable to say, "May my death be an atonement for my sins." The Talmud instructs us to confess before death, but offers little direction and only a one-sentence formula.¹⁷³

Maimonides, in the twelfth century, in his *Mishne Torah*, elaborates on the *vidui al hamita*, the confession of the dying. Maimonides makes a clear link between the Biblical injunction to make confession and the deathbed. He bases this on Numbers 5:6-7, the same proof text used in the *Mishnah* and the Talmud: "If a man or woman sins against another...they must

172. Hyman E. Goldin. *Hamadrikh: The Rabbi's Guide: A Manual of Jewish Religious Ceremonies and Customs*, (New York: Hebrew Publishing Company, 1939), 103.

173. In *Mishnah Sanhedrin 6:2* a person who is condemned to die is instructed to "make confession."

confess the sin they committed." The Rambam asks how one must confess. One should state. "I implore you, God, I sinned, I transgressed, I committed iniquity before you by doing thus and thus. Behold I regret and am embarrassed by my deeds. I promise never to repeat this act again."¹⁷⁴ This formula compromised the essence of the confessional prayer which Maimonides linked to the deathbed confession.

Nachmanides¹⁷⁵ is the first person who actually recorded a confession to be pronounced on the deathbed. It is this confession, contained in Nachmanides' *Torat HaAdam*, which is still used today as the central confessional prayer one recites before dying. Interestingly, it took over one-thousand years from the first mention of confession on the deathbed (in the *Mishnah*), until a confessional formula finally appeared.¹⁷⁶ Nachmanides states that the confession in *Torat HaAdam* is the order of the confession for the terminally ill "as has been handed down to us by righteous people, and those of good deeds." According to Stacey Laveson, "this term appears to be a generic term, and not one indicating a specific group of individuals."¹⁷⁷

Thus the deathbed *Vidui* has come to be associated with Nachmanides, as he was the first one to record it and compile a conclusive explanation of the textual background of confession. The text of the confession, found at the end of the section regarding death in *Torah HaAdam*, is as follows:

I acknowledge before You, my God and God of my ancestors, that my recovery or my death are both in Your hands. May it be Your will that You heal me with complete recovery. But if I die, may my death be an atonement for all of the mistakes I have made, and the sins I committed, and the rebellious behavior for which I am responsible. May You grant me a portion in the Garden of Eden,

174. *Mishne Torah: Hilkot Teshuvah*, 1:1. According to *Sefer HaMitzvot*, confession is positive commandment #73.

175. Moses Nachmanides, 1194-1270, also called the Ramban.

176. The question may be asked, why was the formula written specifically at this time (mid-thirteenth century). See: Stacy Laveson, *Deathbed Confession: Being There When it Happens* (Rabbinic Thesis, New York: Hebrew Union College-Jewish Institute of Religion, 1993), 30. According to Laveson (who quotes Gershom Scholem) it was Nachmanides' association with *kabbalah* which led to his concern with the fate of the soul at death and the integral role confession played in regard to that fate.

177. Laveson, 39.

and may you allow me to merit entrance into the world to come which lies in store for the righteous.¹⁷⁸

During the sixteenth and seventeenth centuries the major contribution to the deathbed ritual was in the form of manuals, such as the *Maavar Jabbok*. In the *Maavar Jabbok* Berechiah presents a rich and fascinating ritual for confession. For Berechiah, who was greatly influenced by *kabbalah*, confession plays dual roles in death and dying. First, through confession, one gains atonement from sins, which initially caused the illness, and ultimately earns a place in the world-to-come. Second, not only is one rewarded personally through the confession of sins, but the cosmic sphere benefits as well. In later Jewish texts and literature it is the former function of confession which is emphasized. For the most part, confession refers to the exposition of one's sins on the deathbed.

A theological understanding of confession portrays God as the ultimate judge; upon the deathbed one's destiny is decided. Sincere confession influences God's judgment and invokes Divine mercy. This theology has dominated Jewish writings on deathbed confession for almost 2,000 years. The rabbis and later commentators focus almost exclusively upon confession as a means of atoning for sins before death.¹⁷⁹ Reinforcing this notion is the association of the deathbed confession with *Yom Kippur*. On the deathbed, one may lengthen one's confession to include the listing of sins typically recited in the *Yom Kippur Vidui*. Both the commentaries to the codes and *kabbalistic* works incorporate *Yom Kippur* confessions into the deathbed liturgy.

In the *Maavar Jabbok*, and other manuals of the time, confession no longer consists only of a recitation and a plea for mercy; rather, it becomes an affirmation of faith. As the patient

178. As quoted in Laveson, 75.

179. The concept of sin in Judaism is similar to an arrow that has fallen short of its target. This is an explanation often given for the Hebrew word חטא. Among the Hebrew words for sin are *het*, "to miss" or "fail;" *averah*, "a breach"; and *avon*, "crooked." These ascribe sin to acts which fail to live up to one's obligations or to fulfill one's potential. Brener, 65.

replaces the futile struggle with God with an acceptance of the reality of death, the nature of the confession changes. When death seems imminent, the desperate attempts to gain atonement through delineating one's sins cease. In their place confession serves a different purpose: it facilitates both a reconciliation with God and an affirmation of faith. Reciting the *Shema*, for example, is a form of confession in which the dying person affirms faith in God. Such confessions reflect an acceptance of death which the dying person experiences in the last moments of life. Acceptance of the Divine death decree and an acceptance of life in the world-to-come characterize these confessions. Thus, although the *Vidui* is known primarily as the admission of sin, "it functions also primarily as an affirmation of faith."¹⁸⁰

The twentieth century Jewish theologian Abraham Joshua Heschel writes that Judaism "rarely deals with death as a problem...[In the Bible] there is no rebellion against death, no bitterness over its sting, no preoccupation with the afterlife. Death is but the final stage in the journey of life. The very last moments of this journey are not to avoided or feared, but to be embraced and exalted. It is through the deathbed confession that we accomplish both of the tasks."¹⁸¹

Contemporary Use of the *Vidui*

Many Jews today are unaware that there is a Jewish deathbed confession. Confession is often equated with the rites and rituals of the Catholic Church, and does not sound very "Jewish" to the uneducated layperson. Many Reform rabbis I interviewed chose not to recite the *Vidui* with their end-of-life patients. They worry that the deathbed confession is difficult for patients and families to accept; rabbis are also concerned that the patient and family will see him or her as the agent of death. The act of offering a final confession may be misinterpreted. Some think

180. Laveson, 99.

181. Abraham Joshua Heschel, "Death As Homecoming" in Riemer, 72.

that speaking of death eliminates all hope, bringing the unwelcome message that death is near. Rabbis may also believe that offering a final confession could be construed by families as having the power to hasten death's arrival.

The fear of *vidui* is not a new phenomenon. This fear was anticipated in the *Shulchan Aruch*. Caro cautions that the *vidui* should be prefaced by a reminder to those present that many people confess and do not die.¹⁸² Unfortunately, this caution is not found in most modern rabbi's manuals. This is an important omission.

The confessional service itself is important on many levels to the dying person. First of all, the recitation of the deathbed *vidui* is mandated by *halakha*. Although it is often not observed in the Reform context, it is a rabbinic commandment, and should, if at all possible, be part of the end-of-life ritual of every Jew.

In addition, *vidui* has many spiritual benefits. First and foremost, confessing is a way to begin the important end-of-life process of *teshuvah*, looking inward and making peace with one's life history. Eilberg teaches that end-of-life caregivers should be careful "to encourage people to use the time they have to apologize, to turn, to seek forgiveness. We may offer classical understandings of the *teshuvah*¹⁸³ process; we may encourage people to pick up the phone; occasionally, we may even tell stories of reconciliation that we have witnessed at the end of life. It is sometimes enough for us simply to hold the conviction that extraordinary moments of transformation can and do happen right up to the end."¹⁸⁴ Through a discussion of *teshuvah* in preparation for confession, the patient can begin to examine his life, taking an important step toward coming to terms with his or her own mortality.

182. *Shulchan Aruch, Yoreh Deah* 338:1. See Appendix C.

183. Meaning "return," or "turning." Reciting the *vidui* on the deathbed is an act of *teshuvah*, an act of turning from evil to good. Brener, 64.

184. Eilberg, in Friedman, 331.

In Kubler-Ross' five stage theory, acceptance is the goal of all end-of-life work. In reference to the dying patient in this final stage she writes:

He will have been able to express his previous feelings, his envy for the living and the healthy, his anger at those who do not have to face their end so soon. He will have mourned the impending loss of so many meaningful people and places and he will contemplate his coming end with a certain degree of quiet expectation.¹⁸⁵

Though mental health professionals acknowledge that not every dying person is able to reach the stage of acceptance, it is an important goal for the dying person. Life review and reconciliation can be integrated by the rabbi into the context of *teshuvah* at the end-of-life. Laveson writes, "The deathbed confession enables us to savor and accept, rather than endure and avoid, that sacred moment when our body hovers between life and death and our souls achieve eternal harmony."¹⁸⁶

In addition, the deathbed confession allows the dying person to make a final declaration of faith when he or she recites the *Shema*, the basic statement of Jewish faith. Faith sustains those in crisis. Sometimes even those who lapse in faith are able to find their way back to Judaism in difficult moments.

When individuals do not, however, wish to recite the *Vidui*, their wishes should be respected. If the *goses* does decide to recite the *Vidui*, the rabbi may choose between several versions of the *Vidui* which are now available (see Appendix C). The rabbi must also decide if the *Vidui* should be recited in Hebrew or English; another decision to be made is if the *Vidui* will be recited in the presence of the family.¹⁸⁷ If the *goses* is not able to engage in this kind of

185. Kubler-Ross, 112.

186. Laveson, 116.

187. Remembering that in *Maavar Jabbok* the presence of a *minyan* is suggested: the dying person should not die alone, but be surrounded by family and friends. However, often a patient will feel that death is imminent, but family members will be unable to accept that reality. In this case, it may be better if the family is not present for the *Vidui*.

decision making, the rabbi must choose a language and a version based on his or her best understanding of the patient and his or her narrative. If the *goses* is unable to speak, it is traditionally appropriate to recite it for him or her as a proxy.

With the availability of several contemporary versions of the *Vidui*, it may be that more rabbis will be willing to offer it to end-of-life patients. This is an important ritual, the only deathbed ritual that has come to us from the tradition. It has been used at deathbeds for hundreds of years. Not to offer the *Vidui* is depriving the patient of an important and meaningful part of the Jewish tradition.

CHAPTER V

JEWISH VIEWS OF THE AFTERLIFE

אתה גבור לעולם, אדני. מחיה מתים אתה, רב להושיע.
You are forever mighty, Adonai. You revive the dead. You are abundantly able to save.
---G'vurot Prayer, Amidah

ברוך אתה, יי, המחזיר נשמות לפגרים מתים.
Blessed are you, Adonai. who restores souls to dead bodies.
---Elohai Neshama Prayer, Morning Liturgy

ישלח לקץ ימין משיחנו לפדות מחכי קצ ישועתו.
מתים יהיה אל ברב חסדו. ברוך עדי עד שם תהלתו.
At time's end he will send our Messiah to save all who wait for his final help.
God, in his great mercy, will revive the dead; Blessed be his glorious name forever.
----Yigdal Hymn¹⁸⁸

Many Jews are astonished to learn that there is a traditional Jewish belief in the afterlife.

According to Jewish doctrine, our death is not final. Although there is not a clearcut understanding of the afterworld, there are two aspects of the afterlife that the Jewish tradition has maintained for nearly two thousand years. One is a belief in the immortality of the spirit. Even Reform Judaism has never abandoned this belief. Although our flesh may die and return to the dust of the earth, human beings, created in God's image, share in God's eternity. Our souls are breathed into us by God, and thus represent, in each and every one of us, immortal life.

The other aspect of our traditional belief system is much more difficult, especially for modern Jews to understand and accept. It is the belief that at the end of days God will raise our bodies from the grave; we will be brought before God to account for our lives, and receive the appropriate reward or punishment. "At that time...death itself will die. God will banish death forever."¹⁸⁹ In order to understand how these ideas became a part of Jewish thought and belief, it

188. Philip Birnbaum, trans. and annotator, *Daily Prayer Book (הסדור השלם)* (New York: Hebrew Publishing Company, 2002), 83,15,11.

189. Neil Gillman, *The Death of Death: Resurrection and Immortality in Jewish Thought* (Woodstock, Vermont: Jewish Lights Publishing, 2002), 34.

is helpful to briefly explore the evolution of Jewish thought on resurrection, the afterlife, and the immortality of the soul.

Biblical Roots of Jewish Views of the Afterlife

In the Bible there is no written speculation on the after-death experience. Almost throughout, the Bible views death as absolutely final. However there are a number of ancient funerary traditions which may be found in the Bible. We read that Abraham (Genesis 25:8) was gathered to his people, וַיֵּאסֶף אֶל עַמּוֹ.¹⁹⁰ The patriarchs Isaac (Genesis 35:29) and Jacob were also “gathered to their people.” To die, in the language of the Bible, is to return to the company of one’s ancestors. We are also told in Numbers 27:13 that Moses “will be gathered to [his] kin, just as [his] brother Aaron was.” And it is written of King Solomon that at the time of his death he “slept with his ancestors” (I Kings 11:43).

Family tombs are the preferred burial location. All the patriarchs and matriarchs, with the exception of Rachel, were buried in the family grave, the Cave of *Machpelah*. According to Simcha Raphael the “family tomb is the central symbol for understanding early Biblical notions of the hereafter.”¹⁹¹ Burial in the family grave served to reconnect the departed one with a society of previously dead ancestors. This society was believed to exist in the tomb itself or perhaps in the surrounding location. Death, according to Raphael, was not seen as the end of existence. On the contrary, to be gathered to one’s ancestors, “implied a passage to another realm where departed family spirits cohabited.”

The Israelites shared common patterns of religious expression with other peoples of the Ancient Near East. One practice, found throughout the entire Ancient Near East, was that of

190. Tamara (see Chapter III) told me that the thought of “being gathered to his kin” like Abraham, Isaac, and Jacob was very comforting to her husband as he was dying.

191. Simcha Paull Raphael, *Jewish Views of the Afterlife* (Lanham, Maryland: Jason Aaronson, 1994), 45.

feeding the dead. This was a common Egyptian practice, and archaeology has confirmed that the biblical Israelites also followed this practice.¹⁹² That this practice was looked down upon is found in Deuteronomy 26:14, where a ritual confession is described when presenting agricultural tithes to the Temple priesthood. As part of the prescribed confession, the person bringing the tithe would publicly disclaim having given any food to the dead:

I have not eaten of it [the consecrated food] while in mourning; I have not cleared out [consumed] any of it while I was unclean, and I have not deposited any of it with the dead.¹⁹³ I have obeyed the voice of Adonai, my God; I have done just as You commanded me.

The combination of archaeological information and textual material indicates that throughout the early centuries of the biblical period there was a sense of ongoing interaction between the living and the dead. Although there was no perception of an afterlife, there was a simple belief that existence continued after the physical body had been laid to rest in the family tomb.¹⁹⁴

According to another phenomenon that may be associated with biblical funerary practices were the *teraphim*, often translated as "household gods," or "images." In Genesis 31 Rachel steals the *teraphim* of Laban, her father; she hides them in a camel saddle and sits upon them. When Laban comes searching for them she innocently responds, "Let not my lord take it amiss that I cannot rise before you, for the period of women is upon me" (Genesis 31:35).

It is difficult to determine exactly what the *teraphim* were. From the Genesis story of Rachel they appear to be small and portable carved images, with an apparent religious significance. However, in I Samuel 19 they appear as life-size, perhaps even having human form. When David is being pursued by Saul's men, his wife Michal helps him escape through a window. Then "she took the *teraphim* [household idols] and laid it on the bed, and covered it

192. Ibid., 46.

193. Which would render it *tameh*, unclean.

194. Raphael, 47.

with a cloth; and at its head she put a net of goat's hair" to deceive Saul's messengers into believing it was David's figure. When they arrive looking for David she tells them, "He is sick," and quickly sends them away.

It may be that the *teraphim* were associated with death. It is Raphael's opinion that "etymologically, the Hebrew word *teraphim* can be related to the word *rephaim*, meaning 'ghosts' or 'shades.'"¹⁹⁵ Raphael quotes the middle east scholar R. H. Charles in suggesting that *teraphim* "were actual images of dead ancestors utilized as oracular devices when consulting the deceased...certainly the *teraphim* were used for some sort of divinitory purpose."¹⁹⁶ According to the medieval commentator Nachmanides, the *teraphim* were used to gain knowledge of future events.

In the early Biblical period it seems there was a relationship, even if a primitive one, between the living and the dead. But there is no detailed information offered on just what occurs after death, nor is there any description of an afterlife. However, there did begin to develop, albeit slowly, new concepts of life after death. These concepts form the historic basis for later Jewish teachings on the afterlife.

As the idea of a collective Israel developed, families and tribes became united into one nation. Just as the living tribes unified, so the realms of the ancestral dead merged; this unified collectivity of the dead became known as *Sheol*. *Sheol* was a subterranean realm in which the relations and customs of earthly life were reproduced. Upon death, one descended deep beneath the earth and entered the depths of *Sheol*. In an early Biblical text, Jacob says to Reuben: "If any harm come to him [Benjamin] on the journey you are to undertake, you would send me down to *Sheol* with my white head bowed in grief" (Genesis 42:38). Later, by the time of Isaiah, the

195. Ibid., 49.

196. Ibid., 49.

subterranean area associated with *Sheol* becomes even more descriptive: "Your magnificence has been flung down to *Sheol*...underneath you a bed of maggots and over you a blanket of worms" (Isaiah 14:11).

In the early stages in the development of the idea of *Sheol*, existence in *Sheol* was neither bad or good; it was an underground domain of the dead, completely beyond the care and control of God. Adonai dwelt in the heavenly sphere, human beings inhabited the earthly realm, and the dead resided deep in the depths of *Sheol*. Samuel (I Samuel 28:3ff.) is found in *Sheol* after his death, but it is not a realm of torment or punishment; it is simply the domain of the dead. Rich and poor, kings and sinners (Job 3:11ff.), all went to *Sheol* upon their death.

In a second stage in the development of the concept of *Sheol*, *Sheol* became an eternal abode for the wicked, and God established God's authority over *Sheol*. The residents of *Sheol* no longer have personal power, and *Sheol* takes on a retributive quality: it becomes a realm in which the adversaries of Israel receive due punishment. Isaiah 14:9 speaks of how the kings of Babylon and "all the kings of the nations" who have raised up against Israel "will be brought down to *Sheol*, to the depths of the pit."

In the next stage of development an "evolutionary breakthrough occurs in Jewish teachings of the afterlife; it is a slight, yet profound shift representing a distinct turning point in the creation of a philosophical conception of individual immortality."¹⁹⁷ At the time of Jeremiah the concept of individual retribution, and hence individual responsibility, enters Jewish thought. In the Book of Jeremiah, every person is to be held responsible for his or her own sin. Jeremiah (31:29-30), heralding the words of God, proclaims: "In those days they will say no longer, 'Parents have eaten sour grapes, and the children's teeth are set on edge.' But every one shall die

197. Ibid., 61.

for his own sins: whosoever eats sour grapes, his teeth will be set on edge." For the first time in Hebrew literature we see the possibility of individual destiny set apart from the fate of the entire nation. The concept of individual responsibility is a necessary transitional step in the creation of the Jewish notion of a personal afterlife. At this point in the development of Jewish thought, the righteous person is given due reward in the earthly sphere (see Proverbs 11:31),¹⁹⁸ not through an immortal existence in the afterlife. Thus, the good live, the wicked die and are condemned to *Sheol*. The notion of a divine life beyond the grave for the righteous is found only in Job.

Jewish philosophical thinking at this point contained within it one essential problem: how could one account for the suffering of the righteous? This is the question which is addressed in the Book of Job. Raphael writes that "for the first time in biblical literature, the possibility of an immortal, spiritual existence subsequent to physical death may be here glimpsed." However, the notion of a personal postmortem immortality did not become the predominant Jewish view of the afterlife in biblical times.

Resurrection

The doctrine of resurrection is a belief that the dead will live again at some future time, be reunited with their physical bodies, and participate in the triumph of a divine messianic kingdom on earth. This concept, which in rabbinic terms is called *tehiyyat ha-metim*, originated in the late Biblical period and to this day remains central to traditional Jewish teachings on the afterlife.¹⁹⁹

198. "If the righteous on earth get their deserts,

How much more the righteous man and the sinner." Proverbs 11:31

199. Reform Judaism never accepted Jewish philosophical conceptions of physical resurrection. With the creation of Reform prayer books, liturgical references to resurrection were substituted with the notion of immortality. See Jakob J. Petuchowski, *Prayerbook Reform in Europe* (New York: World Union for Progressive Judaism, 1968), 215. The new Reform Prayerbook, *Mishkan Tefillah* (2007) however, has restored the works *m'chayeh matim* to the prayerbook.

The Reconstructionist liturgy speaks of the God who "gives and renews life." *Kol HaNeshama: Shabbat Eve*. David Teusch (ed.) (Wyncote, Pennsylvania: The Reconstructionist Press, 1989).

The image of the resurrection of the dead appears for the first time in Ezekiel. In a well-known passage Ezekiel envisions a valley of dry, dismembered bones being transformed into animated, life-filled bodies (Ezekiel 37:1-8,10).²⁰⁰ The idea appears again in Isaiah: "Oh, let your dead revive! Let corpses arise! Awake and shout for joy, you who dwell in the dust!-- For your dew is like the dew on fresh growth; You make the land of the shades (*refaim*) come to life."²⁰¹

By the time of the Book of Daniel (second century BCE) a doctrine of resurrection was familiar to the Judean people who were then living under Hellenistic rule. But a new dimension is added. For the first time not only the righteous, but likewise the wicked will be resurrected from the depths of *Sheol*. While the righteous Israelites will be included in the coming messianic kingdom, "your people will be rescued" (Daniel 12:1), and the wicked will be punished and condemned "to reproaches, to everlasting abhorrence" (Daniel 12:2). With the Book of Daniel Jewish postmortem teachings become apocalyptic and dualistic in nature. The ultimate fate of each individual human being will be determined by a final judgment that will take place after death, at the end-of-days. Then, reward or punishment will be dispensed as merited. Daniel's vision of resurrection for both the righteous and the wicked is a seed idea for the notion of heaven and hell that characterizes later Jewish and Christian afterlife teachings.

200. "The hand of the Adonai came upon me. He took me out by the spirit of Adonai and set me down in the valley. It was full of bones. He led me all around them: there were very many of them spread over the valley, and they were very dry. He said to me, 'O mortal, can these bones live again?' I replied, 'O Adonai, only You know.' And He said to me, "Prophecy over these bones and say to them: O dry bones, hear the word of Adonai!. Thus said Adonai to these bones: I will cause breath to enter you and you shall live again. I will lay sinews upon you, and cover you with flesh, and form skin over you. And I will put breath into you, and you shall live again. And you shall know that I am Adonai.' I prophesied as I had been commanded. And while I was prophesying, suddenly there was a sound of rattling, and the bones came together, bone to matching bone. I looked, and there were sinews on them, and flesh had grown, and skin had formed over them; but there was no breath in them. Then he said to me, 'Prophecy to the breath, prophesy, O mortal! Say to the breath: Thus said Adonai: Come, O breath, from the four winds, and breath into these slain, that they may live again.' I prophesied as He commanded me. The breath entered them, and they came to life and stood up on their feet, a vast multitude." Ezekiel 37:1-10.

201. Isaiah 26:19.

The doctrine of resurrection assumed a position of primary importance in Judaism soon after its inception. Over the course of two or three centuries resurrection was "rapidly integrated into the mainstream of Jewish postmortem philosophy."²⁰² Notions of the afterlife that developed in biblical times remained as the foundation for all future Jewish conceptions of the afterlife experience.

Apocryphal Period

The apocryphal period, which lasted from about 200 BCE to 200 CE, was a time in Jewish history when Jewish writers in and outside of Palestine produced a unique collection of literature known as the *Apocrypha* and the *Pseudepigrapha*. The *Apocrypha* refers to those texts excluded from the Hebrew canon but included in the *Septuagint*, the Greek translation of the Bible. The *Pseudepigrapha* refers to those texts which never received official canonical status within either Judaism or Christianity.

In these texts there is a growing diversification of postmortem worlds. *Sheol* comes to be seen as a stratified realm in which there are separate and distinct regions for the righteous and the wicked; in addition, *Sheol* becomes an intermediate realm, where the dead lie in waiting until the resurrection. A dualistic conception of the hereafter also emerges. *Sheol*, or *Gehenna*, comes to be seen as the abode of the wicked; Paradise, or Heaven, an entirely new concept, becomes the abode of the righteous. Elaborate descriptions of Heaven and *Gehenna* are present. In Alexandrian Judaism the doctrine of an eternal, individual immortality becomes increasingly popular, replacing the notion of the physical resurrection of the dead.

In spite of beliefs about individual immortality, doctrines of divine judgment and resurrection remain prominent in the apocryphal period. Although the impact of these texts

202. Raphael, 73.

becomes less important in rabbinic times, these teachings reappear almost one thousand years later in medieval Midrash and in *Kabbalah*. Within the writings of the *Apocrypha* and *Pseudepigrapha* are to be found important concepts linking the afterlife teachings of the biblical period with those developed in the subsequent era of rabbinic Judaism.

Rabbinic Period: *Olam Ha-Ba*

Within both Talmud and Midrash are found vast collections of teachings on immortality and the afterlife journey of the soul. These teachings are based on the concepts of the afterlife found in the Bible and the Apocryphal period. Rabbinic postmortem teachings, however, move in new directions and have a character of their own. Rabbinic afterlife teachings were never organized and systematized into a consistent whole. Rather, there are many diverse and contradictory notions of the afterlife which are intertwined and coexist in rabbinic literature.

The term *Olam Ha-Ba* (the world to come) is found often in rabbinic literature, and is frequently juxtaposed with the term *Olam Ha-Zeh* (the world of the physical plane). *Olam Ha-Ba* is a spiritual world of a completely different order than *Olam Ha-Zeh*, as *BT Berachot 17a* says: "*Olam Ha-Zeh* is not at all like *Olam-Ha-Ba*." The rabbis "never [gave] primacy of importance to this world over *Olam Ha-Ba*, or vice versa,"²⁰³ unlike the Christians, the rabbis did not emphasize a post-mortem spiritual existence over and above life in the world. The rabbis believed that one lived daily life with an awareness that one would eventually stand accountable before God in the World to Come. The world beyond awaits each individual, and the god-fearing person is repeatedly reminded that: "This world [*Olam Ha-Zeh*] is like a vestibule to the World to Come [*Olam Ha-Ba*]; prepare yourself in the vestibule that you may enter the hall."²⁰⁴ The concept of *Olam Ha-Ba* in rabbinic tradition is not always precise. Throughout Talmud and

203. *Ibid.*, 121.

204. *Mishnah Avot* 4:16.

Midrash there are varied and divergent teachings on *Olam Ha-Ba*. It is not clear if this term refers to a postmortem realm, or to a messianic era in the end-of-days when God would redeem all the nation.

There does exist a great deal of rabbinic literature on the fate of the individual after death. The rabbis taught that 903 different kinds of death were created in the world.²⁰⁵ While the most difficult and painful kind of death is croup, a form of choking, the easiest is a "death by the kiss," a painless departure of the soul, likened to "drawing a hair out of milk" (see page 61).²⁰⁶ But such a gentle death was in no way guaranteed. For a wicked person, death could be like "pulling tangled rope through a narrow opening...[or] working a nail out of the gullet...[or] pulling wool shearings out of thorns."²⁰⁷

Another phenomenon of the death moment, according to the rabbis, is the postmortem life review. At the time of death, an individual is shown a panoramic vision of the deeds of his or her life: "When a man departs to his eternal home all his deeds are enumerated before him and he is told: such and such a thing have you done, in such and such a place on that day."²⁰⁸ The rabbis believed that after death each person must account directly for his or her actions. This notion of an individual postmortem life review, common in rabbinic literature and other later *kabbalistic* texts, had numerous parallels in other religious traditions around the world. Clearly the rabbis believed that after bodily death there continued to be conscious awareness for the individual soul.

205. The rabbis came to this figure based on a homiletical interpretation of Psalm 68:21: "God is for us a God of deliverance; God the Lord provides an escape from death." The phrase "an escape from death," *toza'ot mavet*, in Hebrew is תוצאות. According to *gematria* the numerical value of the word תוצאות is 903. Hence, 903 different kinds of death. Raphael, 416.

206. *BT Mo'ed Katan* 28a.

207. Midrash on Psalms 11:6. Quoted in Raphael, 131.

208. *Taanit* 11a.

Throughout the rabbinic literature there are repeated references to an Angel of Death,²⁰⁹ who makes his presence known at the time of one's departure from the world. Although the Hebrew term *malakh ha-mavet* eventually became normative in Jewish tradition and is the subject of much folklore, "it is clearly a rabbinic creation and does not appear in the Hebrew Bible."²¹⁰

Central to the afterlife teachings of the rabbis is the idea of *Gehenna*, or *Gehinnom*, the biblically derived name for the realm of postmortem punishment. The concept of *Gehenna* is a central pillar of Jewish afterlife belief. Both the Talmud and Midrash describe with increasingly lurid detail the nature and topography of this realm: *Gehenna* is a place of postmortem punishment for the person who did not live a righteous life in accordance with the ways of God and Torah.²¹¹ For the rabbis, a person who sins merits the punishment of *Gehenna*; *Gehenna*, however, can be avoided by practicing a whole system of good deeds, or ethical actions, the *mitzvot*. The rabbis often discuss the duration of the punishment in *Gehenna*. Eternal punishment was never accepted as a doctrinal belief in Judaism, and *Gehenna* was thought of as a temporary abode. *BT Shabbat 33b* states: "the punishment of the wicked in *Gehenna* is twelve months."²¹²

Another term used in rabbinic literature to refer to the afterlife is *Gan Eden*, the Garden of Eden. This term first appears in the Bible, although there it is never used as a postmortem concept. By the time of the Talmud and Midrash are found a proliferation of teachings describing the qualities and characteristics of *Gan Eden*, which is generally described as the opposite of *Gehenna*. *Genesis Rabbah 11:9* says: for the person "who treasures up religious acts

209. Whose name was Dumah (דומה--silence); see: *Berachot 18b*, *Shabbat 152b*, *Hagigah 5a*.

210. Raphael, 133.

211. *Exodus Rabbah 2:2*.

212. The period for which the mourner recites *Kaddish* for parents is theoretically twelve months. Twelve months is the tradition duration of judgment for the wicked. Because we presume that our parents do not fall into this category, the practice in most communities is to recite the *Kaddish* for only eleven months.

and good deeds, behold there is *Gan Eden*; while for him who does not lay up religious acts and good deeds, behold there is *Gehenna*." Generally the rabbis believed the individual would first experience the purgations of *Gehenna* for twelve months, followed by a time of divine bliss in *Gan Eden*.

The most commonly accepted belief in rabbinic Judaism was that of resurrection of the dead at the end-of-days. This belief has remained in traditional Judaism for over two thousand years. The belief in resurrection is so basic that the rabbis incorporated the theme of resurrection into daily prayer, making it a pivotal component of the *Gevurot* section of the *Amidah* prayer:

You are eternally mighty, Lord, you revive the dead, You are abundantly able to save.

You sustain the living with kindness. You revive the dead with great mercy. You support those who fall, heal the sick, set the captives free, and keep faithfulness with those who sleep in the dust. Who is like You, Lord of power? Who resembles You, O King who brings life and causes salvation to flourish?

You are faithful to revive the dead. Blessed are You, O Lord, Who revives the dead.²¹³

By introducing the doctrine of resurrection into the central part of the daily liturgy, the belief in resurrection attained canonical status.

Immortality of the Soul in Medieval Philosophy: Maimonides

In the writings of the medieval philosophers²¹⁴ an attempt is made to integrate rabbinic teachings on *Olam Ha-Ba* with philosophical ideas about the essence and substantiality of the soul. The overriding tension in the medieval era was between faith and reason, between Torah and philosophy. Like the rabbis, medieval philosophers wrote about the afterlife. Maimonides,

213. Literal translation by Gillman, 196.

214. Among them: Saadia Gaon (882-942); Maimonides (Rambam) 1135-1204; Levi ben Gershon (Ralbag) 1288-1344; Moses ben Nachman (Nachmanides) 1194-1270).

particularly, was concerned with the controversy between bodily resurrection and spiritual immortality.

Maimonides, or the Rambam, "was the greatest philosophical mind of medieval Judaism"²¹⁵ The works of Maimonides have had an enduring impact on all subsequent Jewish thought. Raphael writes that "After Maimonides, practically all philosophical thinking, whether so intended or not, is in some form a response to or commentary on Maimonides. Even to this day, almost 800 years after his death, various writings of Maimonides are widely read and serve as the mainstream diet of traditional Jewish learning."²¹⁶

Maimonides inherited two different intellectual traditions. One was Torah, including oral Torah,²¹⁷ and the second was Greek philosophy. Maimonides spent his life trying to reconcile and integrate these two sources of truth.²¹⁸ In biblical thought there is no inherent dualism of body and soul; however, for Maimonides body is body, spirit is spirit, and the two are separate and distinct realms. Although physical beings experience the delights of the body, according to Maimonides, the pleasures of the spiritual world are far beyond any possibility of human comprehension. "The spiritual world, like the angels, stars, and planets, is eternal, existing outside the limited and bounded dimensions of physical existence." Maimonides believed that the way one could come to know the spiritual world was by philosophical inquiry; "through intellectual self-advancement...one can come to know the spiritual world and attain immortality."²¹⁹

215. Raphael, 245.

216. Ibid., 246.

217. "Oral Torah" was recorded in both the Babylonian and Palestinian Talmuds; commentaries and interpretations on these texts, to this day, also constitute Oral Torah.

218. Maimonides is often called a "Jewish Aristotelian."

219. Raphael, 250.

For Maimonides, the rabbinic concept of the *Olam Ha-Ba*, the World to Come, is a disembodied state of existence where an immortal soul has acquired knowledge of the divine. To illustrate this the Rambam (Maimonides) uses a text from *BT Berachot 17a*: "In *Olam Ha-Ba* there is no eating, nor drinking, nor washing, nor anointing, nor sexual intercourse; but the righteous sit with their crowns on their heads enjoying the radiance of the Divine Presence [*Shekhinah*]." Maimonides explains this passage in the following way: "With crowns on their heads," he says, "is the immortality of the soul in the intellectual sphere;" "they delight in the radiance of the Divine Presence" means that "those souls derive bliss from what they understand of the Creator, just like the holy spirits and other ranks of angels."²²⁰ Raphael writes that "for Maimonides, the ultimate objective of life is to achieve this lofty sphere of existence and to become exalted like this group of sages."

Maimonides presupposes a threefold Aristotelian division of the soul: (1) a vegetative aspect, which controls physical nourishment and procreation; (2) a sensory aspect, which governs movement, sense perception, and imagination; and (3) a rational aspect, which possesses the power of reasoning. According to Maimonides, the first two aspects of the soul disintegrate with the death of the physical body. The third aspect, however, the rational or intellectual faculty, is bestowed by God and therefore does not perish at the time of death. This is the part of the soul that is immortal, and for Maimonides, is the faculty which experiences *Olam Ha-Ba*. Maimonides conceives of *Olam Ha-Ba* as a spiritual abode of the immortal, disembodied soul that the righteous enter right after death. The way to lead a righteous life is through the *mitzvot*, or commandments. "Through the fulfillment of divine commandments, one will ultimately achieve perfection and merit existence in the World to Come."²²¹

220. Maimonides, *Commentary on the Mishnah*, pp. 144-145, as quoted in Raphael, 250.

221. Raphael, 251.

Maimonides' claim that the *Olam Ha-Ba* was a disembodied spiritual world would seem to indicate that he did not believe in the physical resurrection of the dead.²²² However, Maimonides writes: "the resurrection of the dead is a cornerstone of the Torah and there is no portion [in the World to Come] for him that denies that it is part of the Torah of Moses, our Teacher."²²³ Gillman writes that in effect what Maimonides proposed was a "double dying." "We die once, our bodies return to the earth and our souls leave the body. Then we are resurrected with our bodies and souls coming together again. Next we die a second time, after which the souls of the righteous enjoy the totally spiritualized and eternal life in the world to come."

This is Maimonides synthesis of Torah and philosophy, of bodily resurrection and spiritual immortality. They are both true, and do not contradict each other, Maimonides insists, but they occur sequentially. First, resurrection of bodies united with souls, and then, after our second death, spiritual immortality alone."²²⁴ Maimonides further explains that "immortality is a hidden matter, which has to be explained and elaborated; its meaning is obscure. But resurrection is a miracle; its truth is neither hidden or difficult. Nothing more is required than to believe in it; it cannot be proved rationally. It is simply to be accepted 'and that is that.' To deny miracles is to deny God's freedom and power, and that would lead to a denial of the entire structure of Judaism."²²⁵

222. Gillman writes: "Maimonides would have loved to avoid the whole issue of resurrection...Maimonides may have been a lonely voice in his own time, but centuries later, when Jews entered the modern age and began to question bodily resurrection, they turned to Maimonides' affirmation of spiritual immortality as 'purer,' by which they meant more rational, yet still authentically Jewish alternative. While controversial in his time, his views would eventually have a far greater impact in the modern age than on those of his more traditional contemporaries." Gillman, 168.

223. Maimonides, *Treatise on Resurrection*, as quoted in Raphael, 255.

224. Gillman, 160.

225. *Ibid.*, 160.

Mysticism

The impact of Jewish mysticism, or *Kabbalah*, is omnipresent in the Jewish religion²²⁶ to this very day.²²⁷ Gillman writes, "Countless liturgies, rituals, and doctrines which became part of Jewish practice originated in mystical teachings. So deeply have these practices penetrated the Jewish consciousness that most Jews are not even aware of their origins or their initial meaning."²²⁸

Mysticism may be defined as "the type of religion which puts the focus on immediate awareness of relation with God, on direct and intimate consciousness of the Divine Presence. It is religion in its most acute, intense, and living stage."²²⁹ The agenda of Jewish mystical literature is twofold: first, it describes what the world must look like for a direct and intimate consciousness of the Divine to take place, and second, it provides its own distinctive answers to the central questions posed by all religious systems: the nature of God and the human being, how God created the world, and how God relates to the created world. Though prefigurations of Jewish mystical experience are as old as the Bible, the crystallization of this understanding of Judaism in a more systematized form and in specific writings is a medieval phenomenon.²³⁰

For the mystics the fact that God will resurrect the dead is assumed. What is of primary concern to the mystics, and what remains their most distinctive contribution to the development of afterlife doctrines in Judaism, is their portrayal of the fate of the soul in the period between death and resurrection. For the mystics, the central doctrine is that of metempsychosis, the

226. *Maavar Jabbok*, discussed earlier, was deeply influenced by *Kabbalah* and Jewish mysticism.

227. Mysticism was especially important in 13th-15th century Spain, and in the 16th century in Israel, notably in the city of Safed; mysticism still flourishes to this day.

228. *Ibid.*, 173.

229. Rufus Jones, *Studies in Mystical Religion*, as quoted in Gillman, footnote 5, 292.

230. See: Exodus 24:9-11; Isaiah 6:1; Ezekiel 1:28, 6:4. Echoes of the mystical experience may also be found in many talmudic narratives, such as the account of the four talmudic masters who entered the *pardes* (literally the "orchard") of mystical speculation. *BT Hagigah 14b*.

transmigration of souls, or, in popular vernacular, reincarnation. In Hebrew the term is

גלגול, *gilgul*, literally "revolving."

Although the idea of reincarnation is not found in talmudic literature, and though it was opposed by major medieval Jewish philosophers and ignored by others,²³¹ it became omnipresent and of increasing importance in medieval *kabbalistic* literature. And as Gillman observes, "it clearly persists in the popular Jewish imagination to this day."²³² The doctrine of reincarnation teaches that after death some souls depart the body in which they were "housed" and enter other bodies. How many bodies depends on the stage of development of the soul over time--until the resurrection.

The impulse behind this doctrine is the question, why do the righteous suffer? The *kabbalistic* answer to this is that the innocent suffer because of sins committed in earlier reincarnations. This doctrine achieves its most expanded statement in the sixteenth century in the *kabbalistic* teachings of the Safed school of Rabbi Isaac Luria.

The mystics believed that reincarnated souls could appear as a temporary benign possession, designed to allow the soul to accomplish one specific task. They also believed that one could be possessed by a *dybbuk* (literally, "cleaving" or "clinging"), a soul that, because of its sins, is not even allowed to transmigrate and seeks refuge in the body of a living person. A *dybbuk* had to be exorcised and the later literature is replete with liturgies and rituals designed to exorcise these demonic souls.

The teachings of the Jewish mystics, not surprisingly, were derided by the scholars of the Jewish enlightenment. The teachings were perceived as a primitive, embarrassing, almost pagan

231. For example Maimonides.

232. Gillman, 177.

composite of beliefs, practices, and superstitions, not worth of Judaism in general, and certainly not a subject for serious scholarly investigation. Today, however, this entire tradition has been embraced by many Jews. Many today consider mysticism to represent Judaism at its most authentic. Raphael writes, "the *kabbalists* made an important contribution to the Jewish views of the afterlife tradition by developing a psychologically oriented description of the afterdeath experience."

Modernity: Enlightenment and Emancipation

Historians commonly date Judaism's encounter with modernity to the late eighteenth century. That is when "Jews encountered the two movements that transformed Judaism and the Jewish people and continue to shape the Jewish agenda to our day: The Enlightenment...and its political counterpart, the Emancipation."²³³ For Jews, modernity brought with it a progressive disenchantment with the doctrine of bodily resurrection and a growing emphasis on the immortality of the soul.

Moses Mendelssohn (1729-1786) "could be called the model of the enlightened Jew."²³⁴ Mendelssohn advocated the integration of Jews into the broader culture, but he also was committed to Jewish law, which he understood had been revealed to Moses at Sinai and was eternally binding. The assumption which made it possible for him to integrate his Jewishness and his enlightened modernism was his conviction that all Jewish beliefs are rational and hence universally compelling, and that no philosophical teaching could undermine Jewish faith and practice.

233. Gillman, 189. Enlightenment refers to the cultural, intellectual process of Judaism's gradual accommodation to the political, socioeconomic, cultural and intellectual currents of Western civilization. Emancipations refers to the political dimensions of that process: Jews became citizens of emerging national states (France 1789, America 1791) with the same rights and responsibilities as all citizens of those states.

234. Ibid., 191.

Mendelssohn avoided any discussion about the nature of life after death; he also did not raise the issue of bodily resurrection. For him, the main issue was spiritual immortality, and that the truth of that doctrine be demonstrated through rational arguments. Mendelssohn argued that all "simple" (that is, noncomposite) substances are indestructible, and that since the soul is a simple substance that unifies the composites that form the body, the soul is also indestructible. But to claim that the soul is indestructible does not mean that it is immortal, that it retains its conscious, rational nature after death. Mendelssohn argued that it is inconceivable that the Supreme Being would encourage humans to pursue perfection here on earth, and then deprive them of the opportunity to achieve it with their death; he also argued that it is only through the doctrine of immortality that we can reconcile God's providence with the actual fate of humans during their earthly existence. The currents of thought that produced a philosopher like Mendelssohn had a great influence on modern Jewish thinkers.

Modern Liturgical Reform

Neil Gillman writes that it is through changes in prayerbooks that we can most easily discern modern theological views. The prayer which best illustrates these changes is the *Gevurot* of the *Amidah* (quoted above, page 96-97). The closing words of this prayer praise a God who "...revives the dead," *מחיה המתים*. This specific text, found in all the liturgy, affirms the canonical status of the doctrine of resurrection. For modern liturgists, this prayer was "an affront to their deepest theological convictions, but they could not ignore it."²³⁵

According to Gillman, it is "impossible to over-estimate the impact of the early nineteenth century German Reformers on modern Judaism."²³⁶ Much of the Jewish intellectual

235. Ibid., 195.

236. Ibid., 196.

history of the nineteenth and twentieth centuries can only be understood as a reaction to the agenda of the early Reformers, "who influenced the shape of all modern Jewish movements." In 1844 at a conference of Reform rabbis Abraham Geiger (1810-1874) noted that "during its long history, Judaism 'had attracted to itself ideas and sentiments which have become entirely foreign to our time, which in fact have been strongly rejected by it.' Some of these concepts have taken on 'a more spiritual character and, therefore, their expression in prayer must be more spiritual.' One of these is the hope for an afterlife which 'should not be expressed in terms which suggest a future revival, a resurrection of the body; rather they must stress the immortality of the human soul.'"²³⁷

The figure who had the most influence on liturgical change in Reform Judaism was David Einhorn (1809-1879). In his prayerbook published in 1856, Einhorn included his liturgical reforms: these included the elimination of prayers for restoring animal sacrifices and for the return to Zion. Einhorn also replaced the doctrine of resurrection with "the idea of a purely spiritual immortality."²³⁸ His version of the benediction replaced the traditional closing of the *Gevurot* prayer with a Hebrew phrase borrowed from *berachot hatorah*, which praises God "Who has implanted immortal life within us." *Olat Tamid*, Einhorn's prayerbook, became the basis for the *Union Prayerbook* (1895), which became standard in all American Reform congregations until 1975 when it was replaced by *The New Union Reform Prayerbook (Gates of Prayer)*.

In 1869 at a Reform Conference in Pittsburgh, Einhorn and his colleague Rabbi Kaufman Kohler (1843-1926), drafted a statement which was included in the final platform. This statement reads:

237. Quoted in Gillman, 198.

238. David Einhorn, *Olat Tamid: Book of Prayers for Jewish Congregations*. Quoted in Gillman, 200.

We assert the doctrine of Judaism, that the soul of man is immortal, grounding the belief on the divine nature of the human spirit, which forever finds bliss in righteousness and misery in wickedness. We reject as ideas not rooted in Judaism the belief both in bodily resurrection and in *Gehenna* and Eden (hell and paradise), as abodes for lasting punishment or reward.²³⁹

Reform's dismissal of bodily resurrection in favor of spiritual immortality took only four decades. In recent years many reform rabbis have called for a reappraisal of classical Reform liturgy and a return to more traditional forms,²⁴⁰ and there has been renewed interest in the afterlife and in the doctrine of bodily resurrection.

In 1982 Rabbi Richard Levy wrote an article in the *Journal of Reform Judaism* in which he advocates a reappropriation of resurrection for three reasons:

It is faithful to the nature of our being as creations of God;

It is compatible with the basic covenantal promise that has bound our people with God...

And with its connection with the messianic promise, it binds us to Eretz Yisrael in a manner that political and cultural Zionism fails to do.²⁴¹

The first of these reasons, in my opinion, may be the most compelling, as it "claims that whatever God's ultimate plan for us may be, that plan should deal with us in our full concrete individuality as body and soul indissolubly linked together."²⁴²

There is a modern midrash created by the contemporary Israeli Rabbi Y.M. Tuckachinsky.²⁴³ It is a worthwhile parable for all those who struggle with their beliefs concerning death.

239. Quoted in Gillman, 202.

240. The new Reform prayerbook *Mishkan Tefillah* (2007) now contains the words מַחְיָה הַמֵּתִים.

241. Richard Levy, "Upon Arising: An Affirmation of *Techiyat Hameitim*," *Journal of Reform Judaism*, Fall, 1982, 10-11.

242. Gillman, 236.

243. Retold by Maurice Lamm, *The Jewish Way in Death and Mourning* (Middle Village, New York: Jonathan David Publishers, Inc, 2000). 232-233.

Imagine twins growing peacefully in the warmth of the womb. Their mouths are closed, and they are being fed via the navel. Their lives are serene. The whole world, to these two siblings, is the interior of the womb. Who could conceive anything larger, better, more comfortable? They begin to wonder: "We are getting lower and lower. Surely if it continues, we will exit one day. What will happen after we exit?"

Now the first infant is a believer. She is heir to a religious tradition which tells her that there will be "new life" after this wet and warm existence in the womb. A strange belief, seemingly without foundation, but one to which she holds fast. The second infant is a through-going skeptic. Mere stories do not deceive him. He believes only in that which can be demonstrated. He is enlightened, and tolerates no idle conjecture. What is not within one's experience can have no basis in one's imagination.

Says the faithful one, "After our death here, there will be a great new world. We will eat through the mouth! We will see great distances, and we will hear through the ears on both sides of our heads. Why, our feet will be straightened! And our heads--up and free rather than down and boxed in."

Replies the skeptic: "Nonsense. You're straining your imagination again. There is no foundation for this belief. It is only your survival instinct, an elaborate defense mechanism, a historically-conditioned subterfuge. You are looking for something to calm your fear of "death." There is only this world. There is no world-to-come!

"Well then," asks the first, "what do you say it will be like?"

The twin snappily replies with all the assurance of the slightly knowledgeable: "We will go with a bang, Our world will collapse and we will sink into oblivion. No more. Nothing. Black void. An end to consciousness. Forgotten. This may not be a comforting thought, but it is a logical one.

Suddenly the water inside the womb bursts. The womb convulses. Upheaval. Turmoil. Writhing. Everything lets loose. Then a mysterious pounding--a crushing, staccato pounding. Faster, faster, lower, lower.

The believing one exits. Tearing herself from the womb, she falls outward. The second child shrieks--startled by the "accident" that befalls his sister. He bewails and bemoans the tragedy--the death of a perfectly fine sister. Why? Why? Why didn't she take better care? Why did she fall into that terrible abyss?

As he thus laments, he hears a head-splitting cry, and a great tumult from the black abyss, and he trembles: "Oh my! What a horrible end! As I predicted!"

Meanwhile as the skeptic brother mourns, his "dead" sister has been born into the "new" world. The head-splitting cry is a sign of health and vigor, and the tumult

is really a chorus of *mazel tovs* sounded by the waiting family thanking God for the birth of a healthy daughter.

The truth is that none of us know what happens after death. Death transcends human comprehension. A genuine understanding of death will elude even the wisest of us. As the Reform Prayerbook, *Gates of Prayer*, says:

*What can we know of death, we who cannot understand life?*²⁴⁴

In the struggle and the search to find answers which will work for each one of us, Judaism offers us guidance and wisdom.

Conclusion

Abraham Joshua Heschel teaches that "Life's ultimate meaning remains obscured unless it is reflected in the face of death."²⁴⁵ Though death is a mystery yet to unfold for each of us, it is important that we not shy away from talking about its underlying meaning. For those diagnosed with a life-challenging illness, traditional Jewish sources can help to provide a grounding at this uncertain time. Unfortunately, as a community, many of us have yet to discover what the Jewish tradition teaches us about how to die. The materials found in this thesis are a small sampling of what may be used at this liminal period in a person's life.

Heschel teaches that through honest contemplation of the end-of-life, it is possible for us to learn more about ourselves as a living people. In writing this thesis I have learned much more about myself and about life than I have about death. It was a difficult thesis for me to write. Yet it is my hope that it will provide guidance and insight to all those who work with the terminally ill. By engaging in this work, we strengthen not only our personal character, but also our Jewish faith.

244. Chaim Stern (ed.), *Gates of Prayer* (New York: CCAR Press, 1975), 624.

245. Heschel in Riemer, *Jewish Reflections on Death*, 58.

APPENDIX A: GUIDELINES TO ENCOURAGE GOOD CONVERSATION WITH THE DYING²⁴⁶

1. Sit down. When a visitor stands over a patient in a hospital bed, it is very difficult to engage in conversation that feels comfortable. Sit in a chair or, if appropriate, on the side of the bed. Try to be eye level with the patient.
2. Be sure the person wants to talk. Remember, the patient is undergoing a treatment regimen that can be exhausting. Or the person may not be in the mood to talk. If you're not sure, ask: "Do you feel like talking?"
3. Be a sensitive listener. Good listeners really listen. Don't interrupt and don't anticipate what you think the patient will say. Just listen.
4. Encourage the patient to talk. Use verbal prods: "tell me more" or "I see..." Use non-verbal prods: nod in agreement, maintain eye contact. Reflect back to the speaker what you think you've heard by paraphrasing her/his words.
5. Respect silence. If the person stops talking, it is often to collect emotions. Offer your hand. Don't be afraid of the silence; sometimes there is nothing to say.
6. Describe your feelings. It is helpful for the patient to know that you too find it difficult to speak about these matters.
7. Don't change the subject. The patient may get into areas that are troubling to hear. As tough as it may be for you, try to hear him/her out.
8. Be careful with advice. We all have ideas on how to fix things. But, if you give advice early in a conversation, you may find it stops the exchange.
9. Reminisce. As people approach the end-of-life, they often want to tell stories about their lives. As bittersweet as this may be, it is a wonderful way for the patient and the listener to reach a sense of fulfillment and completion.
10. Don't be afraid of humor. Funny stories, jokes and incidents help people ventilate. A whole literature now exists (see Norman Cousins) on the therapeutic value of laughing.

246. From the book by Ron Wolfson, *A Time to Mourn, a Time to Comfort* (Woodstock, Vermont: Jewish Lights Publishing, 2005), 13.

APPENDIX B: RITUALS FOR TAKING A PATIENT OFF LIFE SUPPORT

- I. Two rituals are included here for the difficult time of taking a loved one off life-support. The first is by Rabbi Shira Stern:²⁴⁷

(The family/friends encircle the bed, and if possible, the audio link to the respirator should be silenced. Each person can be given an opportunity to say good-by, or tell a story, or sing a song, after which, this brief prayer can be recited.)

Adonai, Av harachamim, Em Kol Chai - please help us as we face this difficult decision to end the suffering. Bring us close to You so that we feel less alone. Holding on and letting go are two impossible opposites, and yet here we stand, at the bedside of the one we love so much, trying to do both.

Please, God, take _____ gently, enfold her/him under your protective wings and care for her/him always, even as we tried to do in life. Give us strength as we prepare to meet the world without him/her, and guide us as we face the days ahead.

Shema Israel, Adonia Eloheinu, Adonai Echad.

Listen ...

Baruch shem kevod malkuto, l'olam vaed.

You Alone, forever and ever.

Amen.

247. Rabbi Shira Stern has written a draft of a book called *Gates of Healing*, for the CCAR. This book has not yet been published. Rabbi Stern requests that this ritual be recognized as a draft copy. Personal conversation with Rabbi Stern, January, 2007.

II. Ritual by Michael Shields and Ross Wolman (Hebrew Union College-Jewish Institute of Religion, New York), 2006.

Open with a *niggun*.²⁴⁸ A family member or friend may read a prepared statement about the patient.

Leader reads: *Adonai, Av haRachamim, Em Kol Chai* - please help us as we face this difficult decision to end the suffering of _____. Bring us close to You so that we feel less alone. Holding on and letting go are two impossible opposites, and yet here we stand, at the bedside of the one we love so much, trying to do both.

We take this opportunity to bless _____ with the ancient words of the Priestly Benediction:

Y'varech 'cha Adonai y'ishm'recha

May Adonai bless and keep you

Ya'eir adonai panav eolecha vichuneka

May God's countenance shine upon you and be gracious to you

Yissa Adonai panav eiolecha v'yaseim l'cha shalom

As you continue on your journey, may God give you the greatest gift of all,
the gift of peace.

יברכך יי וישמרך.

יאר יי פניו אליך ויחנך.

ישא יי פניו אליך וישם לך שלום.

(Vidui)

Please, God, take _____ gently, enfold him/her under your protective wings and care for him/her always, even as we tried to do in life. Give us strength as we prepare to meet the world without him/her, and guide us as we face the days ahead.

As the end is imminent, may it reflect Your love, and atone for all those times when _____ could have done better, Grant him/her the reward of the righteous, and give him, Adonai, God of truth.

Guardian of the bereaved, protect _____ and his/her beloved family, for their lives are interconnected in the bond of love.

Into Your hand lies his/her spirit, You have redeemed her/him, Adonai, God of truth.

248. A wordless melody.

Leader: As we know that the last breath is approaching, we recite *Sh'ma* for our beloved:

Hear, O Israel: Adonai is our God. Adonai is One.
Barukh shem k'vod mal-khuto l'olam va-ed.
God's holiness is reflected in the world permanently.
Adonai melech Adonai malach adonai yim-loch l'olm va-ed.
Adonai reigns, Adonai has reigned Adonai will reign forever and ever.
Adonai hu ha-Elohim, Adonai hu ha-Elohim.
Adonai is God. Adonai is God.

Leader reads: Be strong and courageous; be neither afraid or dismayed; for Adonai your God is with you wherever you go (Joshua 1:9).

And God said: "My presence shall go with you, and I will give you rest." (Exodus 33:14)

And now we say goodbye to our beloved _____, sending him/her off in peace and love.

Leader reads and translates *B'yado*:

*B'yado afkid ruch
B'eit Ishan V'a'irah
V'im ruch g'viyati
Adonai li v'lo ira*

*My soul I give to you
My spirit in Your care
Draw me near, I shall not fear
Safely in Your hand*

[If they wish, the family leaves the room and life support is removed]

APPENDIX C: VIDUI

I. *Shulhan Aruch* 338:1

"If one feels death approaching, he is instructed, 'Many confessed [their sins] and died not, and many who have not confessed, died; and as a reward, should you confess, you will live;' and he who confesses [his sins] has a portion in the world to come. And if he is unable to make confession with his mouth, he should confess in his heart. *If he knows not what to confess, they instruct him, say, 'My death should be an expiation for all my sins.'* All these instructions are given to him, not in the presence of illiterate people, nor women, nor minors, lest they cry and break his heart."²⁴⁹

II. The traditional *Vidui*, as found in the Reform Rabbi's Manual (pages 106-109).²⁵⁰

אלהי ואלהי אבותי ואמותי. תבוא לפניך תפילתי ואל תתעלם מתחנוני. ותכפר לי על כל חטאתי שחטאתי לפניך מעודי עד היום הזה. בשתי וגם נכלמתי ממעשי הרעים. הסכלתי כי עשיתים. סרתי ממצותיך וממשפטך הטובים ולא שוה לי. ואתה צדיק על כל הבא עלי כי אמת עשית ואני הרשעתי.

מה אומר לפניך, יושב מרום, ומה אספר לפניך, שוכן שחקים? הלא כל הנסתרות והגגלות אתה יודע? אתה יודע רזי עולם ותעלומות סתרי כל ח'. אתה חופש כל חדרי בטן ובוחן כליות ולב. אין דבר נעלם ממך ואין נסתר מנגד עיניך. ובכן יהי רצון מלפניך, יי אלהי ואלהי אבותי ואמותי, שתסלח לי על כל חטאתי ותמחל לי על כל עונותי ותכפר לי על כל פשעי.

מגן יתומים ודין שכולים, רחם על קרובי היקרים, היה להם למחסה. חלצם מכל צרה והנחם בדרך ישרה.

מודה אני לפניך, יי אלהי ואלהי אבותי ואמותי, שעתותי בידך. על כן בידך אפקיד רוחי. פדית אותי, יי אל אמת. ברוך אתה, יי, אדון הרחמים והסליחות.

249. Joseph Caro with glosses by Moses Isserles, *Shulhan Aruch*. Chaim Denburg (trans.) (Montreal: The Jurisprudence Press, 1954), 338:1, 12.

250. Which is adapted from the Yom Kippur liturgy.

יְיָ מֶלֶךְ, יְיָ מֶלֶךְ, יְיָ יִמְלֹךְ לְעוֹלָם וָעֶד.
בְּרוּךְ שֵׁם כְּבוֹד מַלְכוּתוֹ לְעוֹלָם וָעֶד.
יְיָ הוּא הָאֱלֹהִים.
שְׁמַע יִשְׂרָאֵל: יְיָ אֱלֹהֵנוּ יְיָ אֶחָד.

III. Translation by Amy Eilberg (in Anita Diamant, *Saying Kaddish: How to Comfort the Dying, Bury the Dead and Mourn as a Jew* (New York: Schocken Books, 1998)), 42-43.

My God and God of my fathers and mothers
May my prayer come before You.
Do not ignore my plea.
Please, forgive for all of the sins
That I sinned before You throughout my lifetime.
I am ashamed of the deeds that I have committed.
I regret things that I have done.
Now, O God, take my pain and suffering as atonement.
Forgive my mistakes, for against You I have sinned.

May it be Your will,²⁵¹ Adonai, my God and God of my ancestors.
That I sin no more.
In Your great mercy, cleanse me of the sins I have committed,
But not through suffering and disease.
Send me a complete healing along with all those who are ill.

I acknowledge before You, Adonai my God and God of my ancestors,
That my healing and my death are in Your hands.
May it be Your will to grant me a complete healing.
If it be Your will that I am to die of this illness.
Let me death be atonement for all the wrongs that I have done in my life.
Shelter me in the shadow of Your wings.
Grant me a place in the world to come.

Parent of orphans and Guardian of widows,
Protect my dear ones,
With whose souls my soul is bound.

Into Your hand I place my soul.
You have redeemed me. O God of truth.

Shema Yisreal Adonai Eloheinu Adonai Echad.
Heart O Israel, The Lord our God, The Lord is One.

Adonai Hu Ha'elohim. Adonai Hu He'elohim
Adonai is God, Adonai is God.

251. From the Yom Kippur *amidah*.

IV. Vidui by Rami Shapiro, *Last Breaths: A Guide to Easing Another's Dying* (Miami, Florida: Temple Beth Or, 1993) found in Diamant, 44-45.

I acknowledge before the Source of all
That life and death are not in my hands.
Just as I did not choose to be born,
so do I not choose to die.
May it come to pass that I may be healed
but if death is my fate,
then I accept it with dignity
and the loving calm
of one who knows the way of all things.

May my death be honorable.
and may my life be a healing memory
for those who know me.

May my loved ones think well of me
and may my memory bring them joy.

From all those I may have hurt,
I ask forgiveness.
Upon all those who have hurt me,
I bestow forgiveness.

As a wave returns to the ocean.
so I return from the Source from which I came.

Shema Yisrael Adonai Eloheinu Adonai Echad.
Hear, O Israel,
that which we call God is Oneness itself.
Blessed is the way of God,
the Way of Life and Death.
of coming and going,
of meeting and loving,
now and forever.
As I was blessed with the one.
so now am I blessed with the other.
Shalom. Shalom. Shalom.

IV. The following *Vidui* by Alison Jordan includes the morning liturgy to emphasize the continuity of living and dying. Found in Bloom, *Jewish Relational Care A-Z*, 381.

I acknowledge before You, my God and God of my people,
that my life and death are in Your hand.
The soul You places within me is pure:
You breathed it into me.
You have guarded it all these days;
You take it from me;
You will restore it in time to come.²⁵²

In Your hand are the souls of all who live and die
and the breath of every being.
Into Your hand I release my spirit.
I am thankful before You, my God, I have treasured my days.
Sustained by times I lived well,
touching others with goodness and beauty.
I am glad for choices that lifted me up.
and for the opportunity to be a spark of light to the world.
I am grateful for the help and kindness that has always accompanied me.

I regret the times I did not choose well:
times I was too hurt or frightened to see my way,
times I was too confused or angry to follow my best intentions.
My heart aches for words I could not say
and for those better left unspoken; for actions I could not take
and for those I might rather not have taken.

Comfort me with forgiveness, Adonai,
and let me be remembered for the good.
Gather me to my people,
and grant me my pardon in *Gan Eden*.

My God, please sustain my family.
In Your endless compassion
please bless each one and protect them.
Bring comfort to my loved ones and to all who mourn.
and let their spirits be renewed in the fullness of Your love.
Sh'ma Yisrael, Adonai Eloheinu, Adonai Echad.

252. From the morning liturgy. Birnbaum, 15.

V. In this version of the *Vidui* the *goses* has an opportunity to speak out loud in the presence of loved ones, who may join in responsively. *Vidui* by Alison Jordon, in Bloom, *Jewish Relational Care A-Z*, 383-384.

I give thanks, Infinite Spirit, Undying Hope.
You return my soul to me faithfully. I am grateful.
I know that life and death are in your hand;
in your hand are the souls of all who live and die,
the spirit of every being.

In your embrace I seek refuge for my restless spirit.

Sometimes I am not ready to let go.
In distress I think: I have not completed what was set out for me to do.
I long for connection with my God, myself, and with others.

Please hear my prayer, comfort me in your embrace.

Although I have meditated on the mystery of life and death, still,
sometimes I feel afraid.
As I contemplate dying, stay with me, be my help!
I am calling to You, be near me!
Reveal to me the Oneness, release me from fear.

Please hear my prayer, comfort me with love.

O God, grant me a healing of peace.
Help me to turn from my mistakes,
both intentional and unintentional,
to return with a whole and unburdened heart.
Help me to forgive and be forgiven; let me be remembered for the good.

Please hear my prayer, comfort me with compassion.

Kiss me and release me:
gather me to my people,
guide me lovingly into the shelter of your peace.
Grant me my portion in the fullness of your love.

Please hear my prayer, life me and deliver me!

My God, bring comfort to my loved ones
and renew their spirits in compassion.
I am grateful.
Eternal Spirit, Keeper of all souls.
Sh'ma Yisrael, Adonai Eloheinu, Adonai Echad.

VI. Vicki Hollander offers a *vidui*: "A Ceremony for a Woman In a Coma Near Death."
www.ritualwell.org/lifecycles/death/preparingfordeath/04%20CeremonyforComa. This *vidui* can also be adapted for a male patient.

YHVH, God of our ancestors, all is now in Your hands.
Forgive and release any hurt or wrongdoings done consciously or unconsciously.
Lift up all _____'s worries and fears. Wash them away.
Let goodness flow over her and surround her now.
Help her as she readies for her next passage. May her worries for us be eased.
Let her know You will walk alongside, and be present for us, for her soul is entwined with ours.
As she comes close to You, bathe her in your light. Love her and carry her.
Shelter her under Your wings.
Ready a place in Your garden for her. Into Your hand we trust her soul.
Gently, lovingly, tend her now.

Adonai blesses you and watches over you.
Adonai's Presence shines upon you and sheds grace all around you.
Adonai garbs you in light and bestows peace upon you.

*Shema Yisrael Adonai Eloheynu Adonai Ehad
Adonai Hu Ha-elohim*

May Your angel come to _____'s sides. On her right, Michael, carry our prayers;
on her left, Gavriel, protect her; before her, Uriel, light her way;
behind her, Raphael, heal all hurts; and over her head and all around her,
Shechina, may she rest within your wings.

Lech/Lechi L'shalom.

VII. This *Vidui* by Alison Jordan (in Bloom: Jewish Relational Care, 385) acknowledges that mourners may have painful relationships with the one who is dying.

My God and God of the generations of my people,
I am distressed and confused.

Hear my prayer; answer me with compassion.

During my lifetime I have experienced misunderstanding, hurt,
and harm in my relationship with _____, who is dying (has died).
Though I have sought help and understanding, I have not found
peace nor recovered from painful experiences and memories.
I have been unable to forgive _____; neither have I found the ways
to forgive myself for my own confusion, anger, and suffering.
Some days I feel no hope for connection and reconciliation.

*This is a painful passage;
I have no answers, but my questions cry out:*

How can I approach this period of mourning?
How shall I mark this death?
How can I fulfill my obligation as a _____ to
one who has been a source of my grief?
How can I find solace in my community, where will I find my help?
With whom can I share this particular pain?
How can I be most true to myself, for my own sake?
What do I need at this time?

*From a place of narrowness I cry out: please free me!
Breathe into me the breath of healing spaciousness.²⁵³*

Meditation on prayer and Psalms can lead to new openings and consolation. Listen for poetry/liturgy that touches you. Saying *Kaddish* with others can support the ongoing process of putting the relationship to rest.. These passages from the weekday *Amidah* and Psalm 19 may be helpful:

Sustainer of the living with kindness,
supporter of the fallen, healer of the sick,
Bring me near, wholehearted;
help me find compassion and reconciliation.
Look upon my pain and release me.
Heal me and I shall be healed, deliver me and I shall be delivered.
I am thankful for my life
and for the daily miracles that accompany all of us
morning, noon, and night.
May I, among the mourners of Zion and Jerusalem,
be blessed with comfort and peace.
Guard my tongue from harmful speech,
and help me to ignore the speech of those who speak ill of me.
May my soul be humble and compassionate
and my heart be open to the wisdom of Torah.

Errors, who can comprehend? From hidden faults cleanse me,
Also from willful sins spare your servant, let them not rule me.
Then I will be strong and I will be cleansed of my transgression.
May the words of my mouth
and the meditations of my heart
be acceptable to you, my rock and my redeemer;²⁵⁴

Shema Yisrael, Adonai Eloheinu, Adonai Echad.

253. Psalm 118:5.

254. Psalm 19:13-15.

VII. The *Vidui* from the *Jewish Healing Center Prayerbook* by Rabbi Rafael Goldstein.

Adonai our God and God of our ancestors.

we acknowledge that all life is in Your hands.

May it be you will to send healing to _____.

Yet, if the end is imminent,

may it reflect Your love,

and atone for all those times when _____

could have done better.

Grant him/her the reward of the righteous,

and give him/her, *Adonai*, god of truth.

Guardian of the bereaved, protect _____

and his/her beloved family,

for their lives are interconnected

in the bond of love.

Into Your hand lies his/her spirit,

You have redeemed him/her,

Adonai, God of truth.

Shema Yisrael. Adonai Elohaynu, Adonai echad

Hear, O Israel: *Adonai* is our God, *Adonai* is One.

Barukh shem k'vod mal-khuto l'olam va-ed.

God's holiness is reflected in the world permanently.

Adonai melech Adonai malach adonai yim-loch l'olm va-ed.

Adonai reigns, *Adonai* has reigned *Adonai* will reign forever and ever.

Adonai hu ha-Elohim, Adonai hu ha-Elohim.

Adonai is God. *Adonai* is God.

VIII. "In Contemplation of Death" from *On the Doorposts of Your House: Prayers and Ceremonies for the Jewish Home* (New York, CCAR Press, 1994), 160-161. (Note: this is actually a *Vidui*, although it is not called as such in *On the Doorposts of Your House*.)

Everlasting God, Creator of all the lives: although I pray for healing and continued life, still I know that I am mortal. Give me courage to accept my kinship with all who have come before me.

Alas, over the years, I have committed many wrongs; I know, too, I left much undone. Yet I also know the good I did or tried to do. That goodness imparts an eternal meaning to my life.

And, as You are with me, so, I know, You are with my loved ones. This comforts my soul, O God my Rock and Redeemer.

*B'yado afkid ruchi
B'eit Ishan V'a'irah
V'im ruchi g'viyati
Adonai li v'lo ira*

Into Your hands I commend my spirit, both when I sleep and when I wake. Body and soul are Yours, O God, and in Your presence I cast off fear and am at rest.

Adonai meh-lech, Adonai ma-lach,

Adonai yim-loch l'olam va-ed.

Ba-ruch shem k'vod mal'chu-toh

l'olam va-ed.

Eternal One: You reign, You have reigned, You will reign for ever.

Praised for ever be God's glorious majesty

יהוה הוא האלהים.

Adonai hu ha El-lo-him

The Eternal One alone is God.

שמע ישראל: יהוה אלהינו, יהוה אחד!

Sh'ma Yisrael: Adonai Eh-lo-hei-nu, Adonai Eh-chad!

APPENDIX D: ADVANCE DIRECTIVES²⁵⁵ AND ETHICAL WILLS

I. Advance Directives

In the last twenty years American court decisions have established that individual patients have the legal right to make decisions about their own medical care. As a result, physicians, who in previous ages made difficult medical decisions on the basis of their own personal values and judgments, have now been trained to respect patient autonomy in these matters. The physician has the duty to diagnose the disease and to explain to the patient the available options for dealing with it in clear, non-technical language. Ultimately, however, it is the patient who has the legal right and must take the moral responsibility to make the decision according to his or her own values.

All four movements in Judaism have published documents designed to help patients make these decisions. People should execute two types of documents. First is the Durable Power of Attorney for Health Care. This document allows a person to designate someone to make health care decisions when and if the patient cannot do that on his or her own. The patient may also designate a second or even a third person, in case the person named as primary proxy is unavailable or unwilling to serve in this capacity at the time it becomes necessary. After the document is signed, witnessed, and notarized, copies are given to the patient's primary care physician, lawyer, and designees.

The second document is the Advance Directive for Health Care. This document is longer. It lists a variety of medical decisions that commonly confront patients at the end of life and asks the person filling the directive to indicate what her or she would like to have done under the circumstances. The point of the Advance Directive is not primarily to determine exactly what the designated proxy will decide, but rather is a means to educate the person filling out the form about the most common kinds of decisions people are called upon to make, so that individuals can think about them in light of their own perceptions and values. And it also helps those designated as proxies to know the particular person's health care aims so they can make decisions in line with his or her general philosophy even if there was no specific decision about a particular matter. The Advance Directive also gives a patient the opportunity to express his or her wishes with regard to organ and tissue donations after death.

EVERYONE should fill out these forms. Elliot Dorff suggests that they be filled out as soon as a person gets a driver's license.

255. Sometimes also known as a "living will,"

Rabbi Richard Address and the Union of Reform Judaism have prepared a workbook for filling out these documents called *A Time to Prepare: A Practical Guide for Families in Determining a Jewish Approach to Making Personal Arrangements, Establishing the Limits of Medical Care and Embracing Rituals at End of Life* (New York: UAHC Press, 2002). This is an excellent workbook, and contains a section on Frequently Asked Questions on Advance Directives for Health Care which is very helpful. This has been included below; also included is an organ donor card.

FREQUENTLY ASKED QUESTIONS ON ADVANCE DIRECTIVES FOR HEALTH CARE

Why should I consider writing an advance directive?

Serious injury, illness, or mental capacity may make it impossible for you to make health care decisions for yourself. In these situations, those legally responsible for your care will have to make decisions according to your wishes. Advance directives are legal documents that provide information about your treatment preferences to those caring for you, helping to ensure that your wishes are respected even when you can't make decisions yourself. A clearly written advance directive helps prevent disagreements among those close to you and alleviates some of the burdens of decision making that are often experienced by family members, friends, and health care providers.

When does my advance directive take effect?

Your directive takes effect when you no longer have the ability to make decisions about your health care. This judgment is usually made by your attending physicians and by any additional physicians who may be required by law to examine you.

What happens if I regain ability to make my own decisions?

If you regain the ability to make decisions, then you resume making your own decisions directly. Your directive is in effect only as long as you are unable to make your own decisions.

What is the advantage of having a health care representative? Isn't it enough to have an instruction directive?

Your doctor and other health care professionals are legally obligated to consider your expressed wishes as stated in your instruction directive or "living will." However, instances may occur in which medical circumstances arise or treatment are proposed that you may not have thought about when you wrote your directive. If this happens, your health care representative has the authority to participate in discussions with your health care providers and to make treatment decisions for you in accordance with what he or she knows of your wishes. Your health care representative will also be able to make decisions in accordance with your wishes and best interests as your medical condition changes.

If I decide to appoint a health care representative, whom should I trust with this task?

The person you choose to be your health care representative has the legal right to accept or refuse medical treatment (including life-sustaining measures) on your behalf and to ensure that your wishes concerning your medical care are carried out. You should choose a person who knows you well and who is familiar with your feelings about different types of medical treatment and the conditions under which you would choose to accept or refuse either a specific treatment or all treatment.

A health care representative must understand that his or her responsibility is to implement your wishes even if your family members or others might disagree with them. Therefore, it is important to select someone in whose judgment you have confidence.

Should I discuss my wishes with my health care representative and others? THIS IS ESSENTIAL!²⁵⁶

Your health care representative is the person who speaks for you when you can't speak for yourself. It is very important that he or she has a clear sense of your feelings, attitudes, and health care preferences. Conditions come up that you may not be able to anticipate when you complete an advance directive. Your assigned health care representative needs to know your overall attitudes and wishes; you need to assign ONE person (and perhaps a backup if this person is unavailable) whom you trust to this important position. Then, even if family members disagree, there is one person who is familiar with your wishes.

Does my health care representative have the authority to make all health care decisions for me?

It is up to you to say what your health care representative can and cannot decide.

Is my doctor obliged to talk to my health care representative?

Yes. Your health care representative has the legal authority to make medical decisions on your behalf, in consultation with your doctor.

Is my health care representative the only person who can speak for me, or can other friends or family members participate in making treatment decisions?

It is generally a good idea for your health care representative to consult with your family members or others in making decisions, and if you wish you can direct that he or she do so. It should be understood by everyone, however, that your health care representative is the only person with legal authority to make decisions about your health care.

If I want to give specific instructions about my medical care, what should I say?

You should clearly express your concerns in your directive. If you feel that certain medical condition would lead you to decide to forgo all medical treatment--including life sustaining measures--and accept an earlier death, you should clearly indicate this in your directive.

Are there particular treatments I should specifically mention in my directive?

It is a good idea to indicate your specific preferences regarding three kinds of life-sustaining measures: artificial nutrition, CPR, and intubation.

256. Capitols are my insertion, SW.

Can I request that all measures be taken to save my life?

Yes. You should make this choice clear.

Does my doctor have to carry out my wishes as stated in my instruction directive?

If your treatment preferences are clear, your doctor is legally obligated to implement your wishes unless doing so would violate his or her conscience or accepted medical practice in light of your medical condition.

Can I make changes in my directive?

Yes. It is a good idea to review your directive on a regular basis.

Can I revoke my directive at any time?

Yes. You can revoke it at any time regardless of your physical or mental condition. This can be done orally, in writing, or by action that indicates you no longer want the directive to be in effect.

Can I be required to sign an advance directive?

No. An advance directive is not required for admission to a hospital, nursing home, or other health care facility.

Can I be required to complete an advance directive as a condition for obtaining health insurance?

No.

Can I use my advance directive to make an organ donation upon my death?

Yes. See organ donor form below.

Will another state honor my advance directive?

It is likely your advance directive will be honored in another state, but this is not guaranteed.

What if I already have a living will?

While you might want to review your existing living will or advance directive and make sure it reflects your wishes, there is no legal requirement that you do so.

Do I need an attorney or a doctor to write a living will?

You can consult anyone you think would be helpful, but it is not necessary to do so. The Time to Prepare Booklet and the forms it includes are designed to enable you to complete your advance directive on your own.

ORGAN DONATION

In organ donation the principles of *kavod ha-met*, *chesed*, and *pikuach nefesh* work in tandem. Saving a person's life and acting faithfully and kindly to others are values so sacred in Judaism that if a person's organ(s) can be used to preserve someone else's life, it is actually an honor to the deceased person to use the organ(s) in that way. Enabling a person to live through donation of an organ is also a supreme act of *chesed*--and the fact that the organ is a gift freely given is an important part of how both the donor and how the recipient perceive it.

ORGAN DONOR CARD²⁵⁷

I _____

have spoken to my family about organ and tissue donation. The following people have witnessed my commitment to be a donor:

Witness

Witness

I wish to donate the following:

_____ Any needed organs and tissues

_____ Only the following organs and tissues:

Donor Signature

Age

Date

Next of Kin Contact _____

257. This form may be used as an "official organ donor form," as long as it is signed by two witnesses who are not family members.

ETHICAL WILLS

An ethical will is nothing but a letter that a person leaves for relatives and friends. There is no particular form for such a letter. Frequently it is even a tape or a video recording. All ethical wills are different, and there is no one way in which to write or convey an ethical will. The point of such a communication is to leave in one's own words some of one's memories, hopes, and dreams, beliefs and values. The tradition of writing ethical wills has roots in the Bible and Talmud, and Jews have written ethical wills since the Middle Ages. Jack Riemer and Nathaniel Stampfer have written a book entitled *So That Your Values Live On--Ethical Wills and How to Prepare Them* (Woodstock, Vermont: Jewish Lights Publishing, 1991). In this book they give a guide to writing your own ethical will. That guide is summarized here.

I. How to Decide on Topics

Getting started can be challenging. Here are some introductory sentences to help you begin:

- These were the formative years of my life...
- This is the world from which I came...
- These are some of the important lessons I have learned in life....
- These are the people who influenced me the most....
- These are some of the favorite possessions I want you to have and these are the stories that explain what makes these things so precious to me....
- These are causes for which members of our family have felt a sense of responsibility, and I hope you will too.....
- Some of the Scriptural passages that have meant the most to me...
- These are the mistakes that I regret having made most in my life that I hope you will not repeat..
- This is my definition of true success...
- This is how I feel as I look back over my life...
- I would like to ask your forgiveness for....and I forgive you for...
- I want you to know how much I love you and how grateful I am to you for...

II. How to Organize and Write What You Want to Say

Write a paragraph on each of the subjects you have chosen to write about. Some topics may require several paragraphs, or even pages. Arrange the subjects in sequence, that is, in the order you want them to be in final form. Read through for coherence, and rewrite or type the entire manuscript.

III. How to Personalize and Strengthen the Links

Use special words, favorite sayings, anecdotes.

IV. Other Considerations

Each person can decide when is the right time to present an ethical will to loved ones. Some prefer to present it soon after writing; others prefer to review and revise it over time. Some leave this spiritual legacy to be given after their deaths, often as a codicil to the will. Some do both--presenting one while alive and a second loving message as a codicil. Either way, the will, as well as the ethical will, should be reviewed and updated over a period of time.

APPENDIX E: POEMS AND READINGS

I. HEBREW POEMS. The following selection of Hebrew poems are all translated by Rabbi William Cutter, Hebrew Union College-Jewish Institute of Religion, Los Angeles, California. I thank him for allowing me to include them here.

Today I Was Told (Today They Told Me).

T. Carmi

Today they told me I am terminal

The term is not spiritual,
As in satisfied with less, giving over or renouncing.

Neither is it a term for
the fiery ever-turning sword that blinds. (Gen 3:24)

Nor a term of scarlet beauty
Like an iris, tall or bending.

Not a term for dangerous storm
with scorching wind and cleansing.

But terminal. In all
a term for me!

From The Precision of Pain (Open Closed Open)

Yehuda Amichai

There are people who practice separating for a long time, just like a violinist;
And there are people who believe in the practice of separation.
For now, a new belief

I once thought, impulsively: That death is God
And change is His prophet. Now I am more seasoned and I say
Change is God, and death is His prophet.

Open, Closed, Open
Yehuda Amichai

How should you stand at a *Yizkor* ceremony?
Should you stand straight or bowing,
Neat like a tent or unkempt as a mourner might be,
With head lowered like the guilty,
Or head raised defiantly against death,
Eyes open and still like the eyes of the dead them,
or with eyes closed to search the stars within?
And what is the best time to remember?
At noon when shadows are hidden under our feet,
or at twilight when shadows lengthen like the longing
without beginning or end, like God?

Woe Let Death Come
Zelda

Woe let death come-then
My foolishness is a burden
As is the tender thing.
In vain the ocean wind
May kiss my eyes,
And the Carmel grass
Indulge me in its honeyed myrrh
I mock the sunlit hopes
And the promises of fresh buds.

I Have Put Out of My Mind
Zelda

I have put out of my mind
Any words at all
For day is done
And my mother has fallen asleep
My mother sleeps now and
Until
The Messiah comes.

Poem of Sabbath Eve at Twilight

Yehuda Amichai

On Shabbat eve at twilight on a summer day
While the smells of cooking and prayer rose in every house
And the sound of Shabbat Angels' wings hovered,
I began, as a child, to lie to my father:
"I went to a different synagogue."

I don't know whether he believed me
But the taste of that lie was so sweet in my mouth.
And in all the houses on that night
Shabbat songs and lies rose together:
"Joyful in the Pleasures" (a song citation)
And in all the houses that night
The angels died like flies on a lamp,
And lovers put mouth to mouth
Inflating each other until they rose in the air
Or exploded.

And from that time on, a lie tasted sweet to me
And since then I have always gone to a different synagogue.
My father told me a lie in return when he died:
"I've gone to a different life."

Then My Soul Cried Out

Zelda

Then my soul cried out:
Parched lips
You on one side.
The words on the other.

For in that room bathed in sun I stood
So near to her
That my mouth touched her face
Which had changed with death's strain.

She uttered my name
With a voice
That came from ocean's floor,
A muffled, distant voice
That shattered the silver
Mirror...

Her burning lips
Spelled out my name!

Strange Burial

Dan Pagis

I have come here, Abba, to your great cemetery: a friend's father died, and though I didn't know the father, I have come to the funeral. The announcement was the usual one: "The community will meet at the entrance." I came an hour early to visit you. I have the little piece of paper with your address--block, section, row, grave number. But how to get there? At the entrance they said to me: Go right, and then right again, straight and then left, and it's just about there. I hurried to find the spot.

But there's really no system here, block 26 comes right after block 10, and then 9 follows. I find a live person and ask him: Excuse me, where is block 25? He shrugs his shoulders apathetically, and says apologetically he is new here too.

Time is short, not much time left. The truth is I didn't come just to see you. But so what if I hitch-hiked on another funeral! Do you have to get vengeance, to hide, to make me wander--and now even to run amidst these names?

So I call aloud: "lehitra'ot, Abba." You can hear me from wherever you are. I have to go back to the entrance, to the unknown deceased who is easier to find.

II. READINGS: TWO VIEWS OF DEATH

"And death, where is it?"

He searched for his accustomed fear of death and could not find it. Where was death? What death? There was no fear because there was no death.

Instead of death there was light.

"So that's is," he exclaimed. "What bliss."

All this happened in a single moment, but the significance of that moment was lasting. For those present, his agony continued for another two hours. Something rattled in his chest; his emaciated body twitched. Then the rattling and wheezing gradually diminished.

"It's all over," said someone standing beside him/

He heard those words and repeated them in his soul.

"Death is over," he said to himself. "There is no more death."

He drew in a breath, broke off in the middle of it, stretched himself out, and died.

Leo Tolstoy, *The Death of Ivan Ilyich*²⁵⁸

258. Leo Tolstoy, *The Death of Ivan Ilyich* (New York: Bantam Books, 1981), 133-134.

A realistic expectation...demands our acceptance that one's allotted time on earth must be limited to an allowance consistent with the continuity of the existence of our species. Mankind...is just as much a part of the ecosystem as any other zoological or botanical form, and nature does not distinguish. We die so that the world may continue to live. We have been given the miracle of life because trillions upon trillions of living beings have prepared the way for us and then have died--in a sense for us. We die, in turn, so that others may live. The tragedy of a single individual becomes, in the balance of natural things, the triumph of ongoing life.

Sherwin B. Nuland, *How We Die*²⁵⁹

III. "Bedside Manners"

How little the dying seem to need--
A drink, perhaps, a little food,
A smile, a hand to hold, medication,
A change of clothes, an unspoken
Understanding about what's happening.
You think it would be more, much more,
Something difficult for us
To help with in this great disruption,
But perhaps it's because as the huge shape
Rears up higher and darker each hour
They are anxious that we should see it too
And try to show us with a hand-squeeze.

We panic to do more for them,
And especially when it's your father,
And his eyes are far away, and your tears
Are all down your face and clothes,
And he doesn't see them now, but smiles
Perhaps, just perhaps because you're there.
How little he needs. Just love. More love.

Christopher Wiseman, *In John Updike's Room*²⁶⁰

259. Sherwin B. Nuland, *How We Die: Reflections on Life's Final Chapter* (New York: Alfred A. Knopf, 1994), 267.

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(see Chapter IV)

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WEB RESOURCES:

National Institute for Jewish Hospice
<http://www.nijh.org/>

National Center for Jewish Healing
<http://jewishhealing.org/>

Jewish Ritual
<http://www.ritualwell.org/>

The Kalsman Institute for Judaism and Healing
<http://www.huc.edu/kalsman>

Jewish Hospice & Chaplaincy Network
<http://www.jewishhospice.com/>

National Hospice and Palliative Care Organization
<http://www.caringinfo.org/>

Ira Boyck MD (author of *Dying Well*)
[http:// www.dyingwell.org/](http://www.dyingwell.org/)

The Association for Clinical Pastoral Education
<http://www.acpe.edu/>

INTERVIEWS

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