



Dying Like Jacob: End-of-Life Decisions with the Orthodox Jewish Patient

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Case: Rabbi AB is a 94-year-old man who was admitted to a University Hospital with a large myocardial infarction. He was diagnosed as having critical aortic stenosis for which little could be done. He was in respiratory distress and his chronic renal insufficiency was now acute renal failure. The patient carries a diagnosis of dementia, and he is presently non-communicative. The Rabbi was living at home with his wife and daughter and was cared for by the son of a former student prior to this hospital admission. The caretaker is devoted to the Rabbi and is a constant presence in the patient's room. An ethics consult was called to discuss the goals of care with the family. The caretaker stated the patient should be a DNR/DNI but suggested that the consultant speak to the eldest son. The consultant asked who held power of attorney for the Rabbi. The response was that not one of seven sons and one daughter had health care power of attorney. The consultant spoke with the Rabbi's eldest son who explained the following information on how decisions are made in accordance with Jewish Law.

Orthodox Jewish patients and their families are often reluctant to consider limiting care for it is a strong Jewish value not to surrender prematurely to death. In Judaism, life has infinite value, so much so that even preserving a life for a second is so important that one could even violate the Sabbath for this purpose (Kinzbrunner, 558). This would make one think that life then should be preserved by all means possible. Yet Jewish Law is "compatible with the principles of palliative medicine" under certain circumstances (Kinzbrunner, 559).

In fact Kinzbrunner describes the death of Jacob as being the first hospice-type death. Jacob becomes ill and summons his family to his bedside, and he instructs them as to his wishes for them and talks of his burial. He dies peacefully surrounded by his family. According to scripture Jacob asked God to create illness to come before death so that all had a time to be with family before death (Kinzbrunner, 562).

With the advent of modern medicine such a death is not so easy to achieve.

Frequently, there are decision-making steps taken within secular as well as religious law before one dies. Traditionally observant Jews follow the guidelines of *halacha*. The basis of *halacha* is the 613 *mitzvot* or commandments that come from the Torah (the first five books of the Jewish bible). Most decisions at the end of life are made under rabbinical guidance using medical information provided by the treating physicians if requested. The consulting Rabbi makes sure the medical choices are consistent with Jewish law. Jewish law does recognize autonomy for example, but traditional Jews choose to surrender this personal freedom for the sake of observing God's law. This is distinct from the secular ethical view of autonomy and its role in end-of-life decision making.

There are differences of opinion among the various sects of Judaism with the non-Orthodox branches blending more with the secular viewpoint of autonomy and limitation of care (Kinzbrunner, 562). Jewish law does recognize terminal illness and sees it as being in two stages. *Treifah* (defects), which Kinzbrunner defines as having a "prognosis of about one year or less" and *Goses* (dying), which is defined by health care workers as "actively dying" (Kinzbrunner, 562). The withholding of care for the *treifah* is permitted when it will only delay the dying process and will not provide relief of pain and suffering (Kinzbrunner, 563). CPR can also be withheld under these circumstances but all other illness such as infection should be treated because they are considered to be a separate illness. A person considered to be a *goses* is an actively dying person or one facing imminent death or "whose time has come" (Kinzbrunner, 564).

Within secular law and ethics, the withholding and withdrawing of care are considered to be equal. In Jewish medical ethics the two are clearly separated. The withdrawing of life-sustaining treatment is never permitted except in certain individual circumstances to be determined by the consulting Rabbi (Rosner, 5-11). In Judaism, no one can hasten the death of another. Despite all that has been stated above, "under appropriate circumstances, every Jewish person who is terminally ill, can, under Jewish law, have the opportunity to have his or her life end as the life of Jacob" (Kinzbrunner, 572).

For palliative care consultations please contact the *Palliative Care Program* at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, 623-3008, beeper 263-9041, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644-1724, Interventional Pain 784-4000, Magee Women's Hospital, 641-2108, beeper 917-9276, VA Palliative Care Program, 688-6178, beeper 296. For ethics consultations at UPMC Presbyterian-Montefiore, and Children's page 958-3844. With comments about "Case of the Month" call David Barnard at 647-5701.

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With much conversation and storytelling Rabbi Aultman's sons and his caretaker, in conjunction with the ethics consultant and the family's Rabbi, made appropriate end-of-life decisions consistent with Jewish law for the Rabbi. He had no suffering but did manage to improve to the point where he could be discharged from the hospital to a nursing home under the devoted care of his family and caretaker. He was eating, praying and enjoying his life.

References:

1. Kinzbrunner, Barry, MD. Jewish Medical Ethics and End-of-Life Care. *Journal of Palliative Medicine*. Vol 7, Number 4, 2004
2. Rosner, F, The physician's license to heal. In: Rosner: *Biomedical Ethics and Jewish Law*. Hoboken: Ktav Publishing House, 2001, pp 5-11.

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