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A Tale of Two Daughters: Jewish Law and End-of-Life Decision Making

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Dr. Blinderman presents us with a difficult case, but one I suspect is not unusual.[1] In trying to respond, I am frustrated by how little we know about Mr. G. My own response is always to put autonomy first — that is to say, to always ask first and last what the patient would want if he could tell us.

Here we have a man with two daughters, each of whom conveniently represents a sharply different perspective on how to respond to questions of care at the end of life. How much weight should we put on the fact that Ms G, the Orthodox Jewish daughter, is her father's designated decision maker? Had Mr. G chosen her as such while he was still mentally capacitated, I would put more weight on that than the author of the case does. It is certainly true, as the author writes, that we do not know if Mr. G shared his daughter's religious views. Perhaps he chose her as his proxy because of geographic proximity or some other reason. However, had he chosen her while capacitated, it is reasonable to argue that he knew of his daughter's religious beliefs and was willing to have his healthcare governed by an Orthodox Jewish perspective. Had this not been the case, he might have attempted to have made his daughters co-proxies, or to limit the scope of Ms G's decision making by executing a living will. It would be helpful to know if Mr. G himself had been a religious Jew during his lifetime. Had Mr. G subscribed to a traditional form of Judaism, he himself would probably not put autonomy first. In traditional Judaism, autonomy is less important than following God's commandments, and one's body is not ultimately one's own property, but a gift from God that one must care for. Thus it is quite possible that had Mr. G been competent to express wishes about his final care, he might well have given up the decision to a rabbi he trusted, just as his daughter is doing.

However, even had Mr. G been a secular Jew like his other daughter, that tells us less than we might hope regarding his wishes. In *Six Lives in Jerusalem,* Randy Linda Sturman explores six cases of end-of-life decisions.[2] It is striking that even secular Jews often appropriated religion to give them a sense of comfort and ethical structure as they struggled with the question of how aggressively to maintain terminally ill family members.

Even from Ms G's Jewish perspective, however, there is room to ask her to reconsider. First, the question of whether artificial feeds is part of routine care is not an inherently religious one. Second, although many people are initially horrified at the thought of a family member "starving" to death, it is important to discuss with them that this is not an uncomfortable process with the support of a hospice team who know how to keep patients comfortable. It is crucial to help family members sort out the different meanings of "feeding," and to understand that pouring formula into a PEG tube is very different from the social act of feeding

someone.[3] Finally, it is true that many Orthodox rabbis consider that a therapy once begun cannot be stopped, but, as Dr. Blinderman notes, the very influential Rabbi Feinstein disagrees with the position. However, the feeds are not a continuous therapy like a ventilator, but a series of discrete interventions (I hesitate to use the term "treatments," as the feeds are obviously not treating anything). Many rabbis would consider, for example, that if a patient pulled a ventilator tube out accidentally, one would not be obligated to reinsert it simply on the theory that a modality cannot be stopped. A ventilator that turns itself off and on automatically at set intervals has been invented in Israel precisely to circumvent this difficulty; pulling the ventilator before it restarts is not considered to contravene *halakhah.*

In the end, however, there appears to be little ethical or religious conflict. As the feeds are not having the desired effect of delivering nutrition to Mr. G, and are causing discomfort and medical problems to boot, neither *halakhah* nor the daughter's concern for her father's well-being argue for continuing them. Further, continuing a modality that is causing the patient harm goes against the Hippocratic Oath; it is unfair to expect a doctor to practice bad and unethical medicine in order to soothe Ms G.

Ms G has been given a very heavy burden here, but she needs to understand that the course of her father's life is out of her hands.

NOTES

1. C.D. Blinderman, "Jewish Law and End-of-Life Decision Making: A Case Report," in this issue of *JCE.*

2. R.L. Sturman, *Six Lives in Jerusalem: End-of-Life Decisions in Jerusalem — Cultural, Medical, Ethical and Legal Considerations* (Dordrecht, the Netherlands: Kluwer Academic Publishers, 2003).

3. J. Slomka, "What do apple pie and motherhood have to do with feeding tubes and caring for the patient?" *Archives of Internal Medicine* 155, no. 12 (26 June 1995): 1258-63.