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Commentary on “Jewish Law and End-of-Life Decision Making”

Fred Rosner

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In the beginning of Jewish history, religion and healing were inseparable because the priest and the physician were one and the same person, administering healing with divine sanction and mandate. Jewish physicians traditionally consider their vocation to be spiritually endowed and not merely an ordinary profession. Ethical standards for the practice of medicine among Jews have always been high. Jews have always held physicians in high esteem.

Throughout history, Jews have exerted a tremendous influence on the development of medical science. They have and continue to excel in medical practice, teaching, administration, and research. More than 20 percent of all Nobel Prize winners for medicine are Jewish.¹

The importance of medicine among the Jews is best exemplified by the long line of physician-rabbis, which started during the Talmudic period (Mar Samuel being the most famous) and continued through the Middle Ages (famous examples are Moses Maimonides, Moses Nachmanides, and Judah Halevi).²

This trend of Jews becoming physicians continued even after the Middle Ages, through modern times, in part because Jews were excluded from almost all other occupations, including public office. Medicine was and is one of the few dignified occupations by which Jews are able to earn a living and support their families.

The emergence of Jewish Medical Ethics as a distinct subspecialty within Jewish thought and Jewish law is a relatively recent phenomenon. The late Lord Immanuel Jakobovits, Chief Rabbi of the British Commonwealth of Nations, submitted his thesis, entitled “Jewish Medical Ethics,” to the University of London in 1955, and it was published by the New York Philosophical Society in 1959. This was the first use of the phrase Jewish Medical Ethics. In Jewish medical circles, Rabbi Jakobovits, of blessed memory, is known as the “Father” of Jewish Medical Ethics.

Rabbi Jakobovits’s landmark publication, now a classic, was considered revolutionary, not only because the term or concept of Jewish Medical Ethics was unknown at the time, but because the subject itself had

been entirely unexplored and left without any literary or scholarly expression in any Western language. By contrast, there existed a considerable literature on Catholic Medical Ethics.

We should also consider the fact that Jewish Medical Ethics is not a twentieth century phenomenon. The Jewish people have been studying, writing about, and practicing medicine according to Jewish law for thousands of years. The Jewish tradition, which dates back to Mount Sinai where Moses received the Torah (Bible), is perhaps the longest unbroken tradition in bioethics that is still followed by adherents.

Throughout the millennia, Judaism and medicine have marched hand in hand, as allies and partners in a common endeavor. The mainstream of Jewish tradition places enormous value on human life and health, gives human beings such as physicians an obligation to preserve life and health, and pursues a dual track of encouraging and even mandating both physicians to heal and patients to seek healing from the physicians with faith in Almighty God *as the true healer* of the sick.

Because Judaism and medicine enjoy historical and intellectual kinship, it is only natural that Jewish law is best qualified to apply its reasoned rules of morality to the practice of medicine. For centuries, rabbis and physicians, often merging their professions into one, have been and continue to be intimate partners in a common effort to heal the sick and protect life and health by practicing preventive as well as standard medicine.

In this issue of *The Journal of Clinical Ethics*, Dr. Blinderman discusses in some detail Jewish law and end-of-life decision making in an elderly 77-year-old Jewish man with Alzheimer's disease, hypertension, and coronary artery disease, who had a stormy hospital course and succumbed to complications from his medical conditions.³ The author describes the conflicts in decision making between two of the patient's children and how the author went about conflict resolution. He clearly outlines the basic nature of Jewish law, describes Jewish law and end-of-life care, comments on the very sensitive issues of artificial nutrition and hydration, and medical futility. His ethical and Jewish legal and moral analyses of the case report are accurate, well synthesized, and well presented, as are his conclusions. Although Blinderman provides an appropriate bibliography, it would have been helpful for the reader unfamiliar with Jewish legal terminology to include a glossary of such terms at the end of the article.

In summary, in Judaism, not only is a physician obligated to hear, but also a patient is obligated to seek healing from physicians rather than relying on faith healing. The second-century Talmud states that no wise person should live in a city that does not have a physician. Twelfth-century Rabbi-Physician Moses Maimonides rules that human beings are obligated to accustom themselves to a regimen of life that will preserve one's body and health and heal and fortify it when it is ailing.⁴

The extreme concerns in Judaism about the preservation of health and the prolongation of life require that a woman's pregnancy be terminated if her life is endangered by the pregnancy, that a woman use contraception if her life would be threatened by pregnancy, that organ transplants be performed to save or prolong the life of a patient with organ failure, and that an autopsy may be performed if the results of that postmortem examination might yield immediate information to rescue another dying patient. Judaism prohibits cruelty to animals but sanctions animal experimentation to find cures for human illnesses, as long as the animal experiences no pain or suffering so that analgesia or anesthesia are required, when necessary.⁵

Thus, in Judaism, every human being is considered to be of supreme value. It is the obligation of individuals and society to preserve, dignify, and hallow human life to care for the total needs of all people so they can be healthy and productive members of society. This fundamental principle of the sanctity of life and the dignity of man as a creation of God is the underlying axiom upon which all medical ethical decisions are based.

NOTES

1. http://www.jinfo.org/Nobels_Medicine.html, accessed 26 July 2007.

2. H. Graetz, *History of the Jews*, vol. 2, chap. 19 (Philadelphia: Jewish Publication Society, 1941).

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

4. *Mishneh Torah*, [Code of Maimonides], *Hilchot De'ot* [Laws of Temperament], 4:1-forward.

5. F. Rosner, "Animal Experimentation," *Biomedical Ethics and Jewish Law* (Hoboken, N.J.: KTAV Publishing House, 2001), 413-33.