

A Good Life, A “Good Death”: Hebrew Perspective

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“Good Death”

Deuteronomy 30:15

רֵאֵה נִתְּתִי לְפָנֶיךָ הַיּוֹם, אֶת-הַחַיִּים וְאֶת-הַטּוֹב, וְאֶת-
הַמָּוֹת, וְאֶת-הָרָע.

“See, I have set before thee this day *LIFE*
and *GOOD*, and *DEATH* and *EVIL*.”

“Good Death”

If Life = Good

&

Death = Evil

Can there truly be such a thing as a
“Good” Death?

“Good Death”

- Patient control over what happens
- Clear decision making
- Time to say goodbye to others
- Affirmation of the whole person
- Not feeling like a burden

Smith R: A good death An important aim for health services and for us all. *Br Med J* 2000; 320: 129-130.

Steinhauser KE, Clipp EC, McNeilly M, et al: In Search of a Good Death: Observations of Patients, Families, and Providers. *Ann Int Med* 2000; 132(10): 825-832.

Carr D: A ‘Good Death’ for Whom? Quality of Spouse's Death and Psychological Distress Among Older Widowed Persons. *J Health & Social Behavior* 2003; 44(2):215-232.

“Dying Well”

- Perhaps a better goal than a “good death”
- Death is viewed as the final stage of life, during which continued growth and development can occur.
- In addition to relief of physical and emotional symptoms additional landmarks that one should strive to achieve include:
 - Asking and accepting forgiveness
 - Expressing love
 - Acknowledging self-worth
 - Saying good-bye

A Good Life, “Dying Well”: Hebrew Perspective

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Judaism and Terminal Illness

Life is of almost infinite value

- Sabbath and holidays may be violated to preserve life
- Sanctity over quality

Koheles 3:1-2:

- “To everything there is a season and a time to every purpose under heaven, a time to be born and a time to die. . . .”

Judaism and Terminal Illness

First terminal illness

Jacob asked for illness prior to death so that one could bless one's children prior to death and God said he would be the first.

Babylonian Talmud Bava Metzia 87a, Sanhedrin 107b

Midrash Rabbah Genesis 65:9

Judaism and Terminal Illness

- *Treifah*: Prognosis of 1 year or less
- *Goses*
 - “Actively dying”
 - Presence of “death rattle”
 - Only basic needs may be provided
 - Other interventions are prohibited

Feinstein, M : Iggeros Moshe, Choshen Mishpat II: 73. In: Tendler MD: *Responsa of Rav Moshe Feinstein, v. 1, Care of the Critically Ill*. Hoboken: Ktav Publishing House, 1996, pp. 38-53.

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Steinberg A (2): “Terminally Ill.” In: Steinberg, Avraham: *Encyclopedia of Jewish Medical Ethics*. Translated by Fred Rosner, MD. Jerusalem: Feldheim Publishers, 2003, pp 1046-1088..

Medical Ethical Values

- Autonomy
- Beneficence
- Non-Maleficence
- Justice
 - Social
 - Distributive

Autonomy

- The right of an individual to choose between various presented alternatives

Jewish Law

- Autonomy is voluntarily limited
- Decisions are made that are consistent with God's law
- The Rabbi, the expert in God's law, provides advice and counsel regarding health care decisions.

End of Life Decision Making

- Only applies to patients who are terminally ill
- Guidelines: Decisions in Judaism, like hospice care in general, are made on a case-by-case basis
- Involvement of a Rabbi who is knowledgeable in the area

Case Study

- 75 year old male, bed-bound following multiple CVAs, complicated by multi-infarct dementia. Patient also has a history of congestive heart failure.
- Patient is able to take food and fluid by mouth with assistance.
- Patient is admitted to hospice with complication of multiple Stage III and IV decubiti.
- Patient has a DNR order on his chart
 - Permission given by the patient's wife who is his healthcare surrogate

Case Study

- Aggressive wound care is instituted.
- Due to severe pain caused by the decubiti, patient's analgesia is switched from Vicodin 1 tab q 4 h prn to morphine suppositories 10 mg q4 h RTC.
- 24 hours later, the patient becomes unresponsive.
- Patient and his wife have two sons
 - One lives in the same city and has been very involved in his father's care
 - One lives out of town and is not involved
- All members of the family are of the Jewish faith
 - Son who lives out-of-town has recently become observant
 - Rest of the family are secular and not observant

Case Study

- The son who lives out of town and who has recently become observant calls me about his father's condition.
- He spoke with his Rabbi and based on his conversation with the Rabbi he makes the following requests:
 - Pain medication be discontinued.
 - Rescind the DNR order from his father's chart.
 - Since his father is not responsive and not eating, IV fluids must be initiated and he also wants to discuss a feeding tube.
 - He informs me that when he made these requests to the hospice nurse she did not want to start IV fluids in light of the patient's history of congestive heart failure nor did she want to stop the patient's pain medication.

Refusing, Withdrawing, & Withholding Care

- Terminally ill patients may REFUSE medical treatment if the treatment is not proven to be efficacious, is clearly futile, and/or entails great suffering or significant complications.
- WITHHOLDING is permissible when the active intervention will delay the dying process or the terminally ill patient is experiencing pain and suffering that will not be relieved by the intervention.
- WITHDRAWING of life support and other interventions is generally not permissible according to Jewish law, unless the intervention is clearly viewed as an “impediment to death.”

Steinberg, A: A Jewish perspective on the four principles. Chapter 7. Principles of Healthcare Ethics, John Wiley & Sons, Ltd, 1994.

Iggros Moshe, Choshen Mishpat II:74 in Tendler MD: Responsa of Rav Moshe Feinstein, NJ, Ktav Publishing, 1996.

Treatment of Pain

- Judaism does not espouse pain and suffering as a virtue
- Treatment of physical pain with opioids and other medications is mandatory
- Opioids should NOT be withheld in the face of intractable pain, even if there is a concern that death may be hastened
- Judaism also recognizes the importance of treating mental anguish and suffering

Tendler, M.D. and F. Rosner. 1996. "Quality and Sanctity of Life in the Talmud and Midrash." In *Responsa of Rav Moshe Feinstein*. vol. 1: *Care of the Critically Ill*, ed. M Tendler. Hoboken: Ktav Publishing House, pp. 135–148.

Abraham, A.S. 2003. *Nishmat Avraham*, vol. II: *Yoreh De'ah*. Brooklyn: Mesorah Publications, Ltd., pp. 254–329.

CPR and DNR

CPR may be withheld from or refused by terminally ill Jewish patients because:

- CPR is ineffective therapy for terminally ill patients
- CPR may cause harm in terminally ill patients

DNR does not mean DO NOT TREAT!!

- Patients may continue to receive treatments that are necessary to treat their conditions.

Nutrition and Hydration

- Food and fluid are considered basic care by most Rabbis
- Therefore, even when provided by artificial means, most Rabbis do not consider their provision to constitute a medical intervention.

Rabbi Moshe Feinstein Iggros Moshe, Choshen Mishpat II:74

- Translation I: “Quite clearly, providing food to the patient is beneficial.”
- Translation II: “Clearly, we must feed him food that will cause him no harm.

I: Tendler MD: Responsa of Rav Moshe Feinstein, NJ, Ktav Publishing, 1996.

II: Berman A: From the legacy of Rav Moshe Feinstein, z”l. Journal of Halacha and Contemporary Society 13:5, Spring, 1987.

Nutrition and Hydration

- Food and fluid should be provided in a fashion that provides benefit and avoids harm
- Competent patients may refuse artificial hydration or nutrition, but caregivers should try and convince the patients to accept the intervention
- If it is determined that the food or fluid is without benefit or harmful artificial support may be avoided after consultation with a Rabbi

Schostak Z: Precedents for hospice and surrogate decision-making in Jewish law. *Tradition* 2000; 34 (2):40-57.

Eisenberg D: Halachic issues regarding the futility of medical treatment: Applications to nutrition and hydration in the terminally ill patient.. Accessed in 2004 at <http://www.ijme.org/Content/Transcripts/Eisenbery/treatment2.htm>.

Kinzbrunner BM. 2016. "Medicine and Halacha: End of Life Care." *B'Or HaTorah, the Journal of Science, Art, and Modern Life in the Light of the Torah*, 24:81-107.

Case Study

Pain

- Held analgesia until more alert with a lower prn opioid dose available if needed.
- Once patient became more alert, started him on lower RTC opioid dose, with additional medication prior to decubitus care which he tolerated well.

DNR Order

- As this was the patient's wish, and confirmed by his wife, the patient's healthcare surrogate, it was explained to the son that we would have to respect the patient's autonomy despite his and his Rabbi's objections. We assured the son the patient would continue to receive appropriate medical care.

Case Study

Nutrition and Hydration

- We agreed to observe the patient for 24 hours to see if he would become more alert and start to eat again. If he did not, we would hydrate the patient via hypodermoclysis and re-evaluate after an additional 24-48 hours.
- The patient ultimately became more responsive and was able to take food and fluid by mouth with assistance as he had before.

Mourning and Bereavement

Ritual Mourning for Immediate Relatives

- Parents
- Siblings
- Children
- Spouse

Lamm M: *The Jewish Way in Death and Mourning*. NY, Jonathan David, 1969

Kinzbrunner BM: “Jewish Perspectives on End of Life Care.” Chapter 9 in Doka KJ, Tucci AS, eds. Living with Grief: Spirituality and End-of-Life Care. Washington, DC: Hospice Foundation of America, 2011, pp. 119-133.

Kinzbrunner BM, Saxena S, Roby S: “Religious Diversity and End-of-Life Care.” Chapter 32 in End-of-Life Care: A Practical Guide, (B. Kinzbrunner, J. Policzer, eds.). New York: McGraw Hill, 2011, pp. 743-769.

Mourning and Bereavement

4 Stages of Mourning

- *Aninus*: period between death and burial
- *Shiva*: 7 day period after burial
- *Shloshim*: 30 day period after burial
 - includes *Shiva*
- 12 month period after burial for parents only
 - includes *Shiva* and *Shloshim*

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Kinzbrunner BM: "Jewish Perspectives on End of Life Care." Chapter 9 in Doka KJ, Tucci AS, eds. Living with Grief: Spirituality and End-of-Life Care. Washington, DC: Hospice Foundation of America, 2011, pp. 119-133.

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Mourning and Bereavement

Following Mourning

- Unveiling: Uncovering of headstone
- *Yahrzeit*: Yearly anniversary of date of death
- *Yizkor*: Special memorial prayers on certain holidays commemorating all deceased

Jewish bereavement customs lead to healthy grieving

- Intense grieving at loss
- Structured decrease in grief over process

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