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Judaism and

Health Care



Bulletin

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The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

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From the Editor

Rich Traditions of Healing

philip j. BOYLE

Recently, I met a group of elderly Jews who had a lot to say about health, faith, and ethics.

They were more than 2000 years old and featured at the Dead Sea Scrolls exhibit at Chicago's Field Museum. Exactly who they were and what they stood for remains controversial. One of three contemporary commentators, Philo, a first-century Jewish philosopher, refers to this group as the Healers. To this day their name, Essenes—which means healers—sticks. He refers to them as healers not because they were caring for the sick but because they saw a connection between spirituality and healing. The community rule from Qumran's Cave One talks about healing the wounds of the human spirit by turning from greed, pride, cruelty, insolence, lust, and heaviness of heart. In turning towards humility, patience, abundant charity, unending goodness, understanding, intelligence, the Essenes wrote that through these actions they would receive healing, a great peace, and a long life.

It is to Judaism, in all its diversity, its rich, living tradition connecting health, faith, and ethics that we devote this issue of the *Bulletin*. Whether or not you are from the Jewish tradition, reading further demonstrates a serious and thoughtful marriage of health and faith. What initially drew the Center's attention to

the topic is the changing face of Jewish health care institutions. As Dorothy Gardner's article notes, a sizable number of Jewish-sponsored health care institutions have merged or been sold in the last decade. Additionally, the health care providers that once populated these institutions have dispersed. This situation has raised questions about the unique contribution of Judaism to health and the identity of Jewish providers and institutions. Further reading will demonstrate that some values of the Jewish community remain front and center, such as reverence for life. Other historical events such as the Holocaust will always shape the Jewish community's ethical discussion of protection of humans and avoidance of bigotry. Philip Cohen's article highlights other less obvious, but unique features of Judaism by exploring how reliance on the tradition's texts helps Jewish thinkers clarify moral issues.

There are many stories that we could not tell in this *Bulletin*, but we will always be renewed if we look to a Jewish ethic that reminds us to place priority on the widow, the orphan, and the stranger.

With the next issue I am delighted to pass the reins of publications here at the Center to our new editor in chief, Faith McLellan, who has extensive experience editing within the medical humanities. I have enjoyed developing the *Bulletin* and I have great confidence in Faith's leadership. ■

This *Bulletin* and the Center's project on Judaism and Health Care Ethics were sponsored in part by Michael Reese Health Trust.

Heal Thyself

Preserving health is a divine act

byron I. SHERWIN

In the New Testament, Jesus refers to a Jewish proverb that was apparently popular in his day, “Physician, heal thyself” (Luke 4:23).

Rabbinic and medieval Jewish literature might have coined a correlative proverb, “Patient, heal thyself.” The latter proverb would articulate the view that the patient (and not the physician) is primarily responsible for his or her own health and that the initiation of medical care is primarily the responsibility of the patient (see e.g. Rabbi Joel Sirkes’ commentary on the legal code *Arba’ah Turim—Yoreh De’ah* 336:1). Furthermore, a person who refuses to seek medical care when needed is compared to an individual who deliberately walks through fire with the foolish expectation that God would provide protection from injury (see e.g. Rabbi Judah Ayash’s commentary to the code *Shulhan Arukh—Yoreh De’ah* 336:1).

Medieval Jewish ethical treatises taught that a person’s physical and moral vices can engender physical ailments. For example, moral vices such as greed, unbridled lust and gluttony, could stimulate the onset of a variety of diseases and physical maladies. Consequently, responsibility for preventing illness and for inducing health when absent should rest primarily with the patient and only secondarily with the physician. A midrashic rabbinic text puts it this way: “Rabbi Aha said: It depends upon a person himself that diseases should not come upon him. What is the proof?

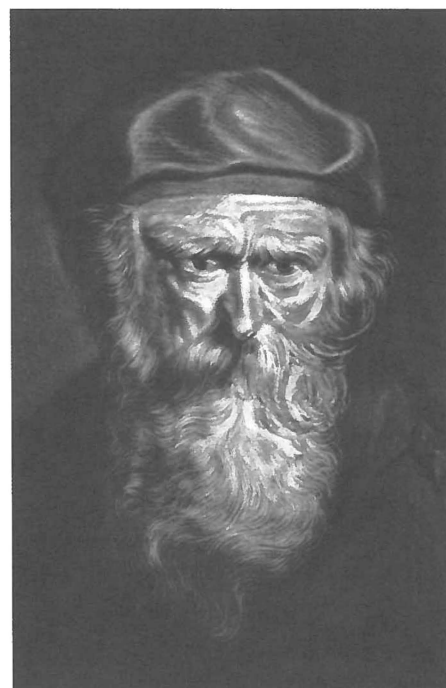
For, said Rabbi Aha, Scripture states, ‘The Lord will keep away from you all sickness’ (Deut. 7:15); this means it is from you [i.e., dependent upon you] that disease should not come upon you” (Leviticus *Rabbah* 16:8).

In his *Treatise on Asthma*, Moses Maimonides listed six “obligatory regulations” that one should observe in order to preserve one’s own health. These obligations are: (1) clean air to breathe, (2) proper diet, (3) regulation of emotion, (4) moderate bodily exercise, (5) proper sleep, and (6) proper and regular excretion.

Regarding clean air, Maimonides already observed in the twelfth century, “the concern for clean air is the foremost rule in preserving the health of one’s body and soul.”

For Maimonides, proper diet is a religious obligation that includes but also goes beyond the prescriptions of the Jewish dietary laws. Maimonides considered “improper diet as a fatal poison, the basis for all illness.” He particularly cautioned against the hazards to health that derive from overeating. In one of his medical treatises, Maimonides advised that it is a general rule of the preservation of health, and a specific rule with regard to proper diet that “if a person took as good care of himself as he does of his animals, he would be saved from many illnesses.”

For regulating the emotions, many of the Jewish medievals advocated the “golden mean.” Of special concern were the physical and moral dangers posed by worry and depression. In this regard, Rabbi Joseph ibn Aknin quoted an earlier proverb in his treatise on “the hygiene of



Bettmann/Corbis

Portrait of Moses Maimonides

the soul.” He wrote: “Sickness is the prison of the body and worry is the prison of the mind.”

In his discussion of the beneficial effects of exercise, Maimonides states that it should relate to the “exercise of the soul,” that physical exercise should lead one to the development of an emotional and psychological state of happiness, joy and contentment. In his legal code, Maimonides observes further, “If a person leads a sedentary life and does not take exercise, neglects the calls of nature, or is constipated—even if he eats wholesome food and takes care of himself with medical rules—he will, throughout his life, be subject to aches and pains, and strength will fail him.”

Already in talmudic literature, the normal functioning of the urinary tract and of the bowels was considered an expression of divine grace and a condition that one should seek to maintain. In his legal code, Maimonides related proper and regular excretory functioning to a happy and healthy life, and warns that “if there is constipation or if the bowels move with difficulty, grave disorders can result.” According to Maimonides, if a person follows his health regimen, many diseases would be prevented and health would be maintained.

The patient’s primary responsibility for the preservation of his or her own health is related by Jewish law to two legal prohibitions, which are exegetically derived from the verse in Deuteronomy (4:9), “But take utmost care and watch yourselves scrupulously.” These two prohibitions are (1) not to take any action that might endanger one’s own life (see e.g. in the codes, Shulhan Arukh—Yoreh De’ah 116:5), and (2) to remove any obstacle considered dangerous to one’s life or health. Both of these laws rest upon a theological assumption that presumes that life is a gift of God, a trust that each of us maintains as a steward and trustee of God. Thus, the concern with health is, in the final analysis, a preoccupation with how one cares for the life God entrusts to him or to her. According to Shem Tov ben Joseph ibn Falaquera in his treatise “A Regimen for a Healthy Body,” the preservation of health is an act of worship, an expression of divine service. He writes, “a person must care for his or her body like an artisan for his or her tools. For the body is the instrument through which one serves one’s Creator.” ■

Rabbi Byron L. Sherwin, PhD, is Vice President and Distinguished Service Professor at Chicago’s Spertus Institute of Jewish Studies. This essay is excerpted from his most recent book, *Jewish Ethics for the Twenty-First Century* (Syracuse University Press, 2000). Reprinted with permission.

Tradition and Bioethics

Excerpted from Notes from a Narrow Ridge: Religion and Bioethics by Dena S. Davis and Laurie Zoloth. Hagerstown, Maryland: University Publishing Group, 1999. Reprinted with permission.

Is there, then, something within religious cultures that influences people’s thinking about basic questions of biology and ethics but that is independent of and sometimes dissonant with the heritage of formal moral instruction?

I believe there is. For want of a better word, I will call it a tradition’s “bioethical sensibility”—the pattern of religiously informed beliefs, attitudes, and valuations that guide choice and conduct with respect to biologically related moral issues. A tradition’s bioethical sensibility is formed by many things. The most basic theological and ethical teachings of the tradition are important. These include but are by no means limited to formal bioethical norms. Ritual practices play a role, providing models of conduct and signaling important values. A religious community’s shared experiences also enter into the mix, especially decisive aspects of the community’s economic, cultural, and social history. Thus, a tradition’s bioethical sensibility is the outcome of a complex process in which the tradition’s teachings, practices, and experiences interact to produce novel, and sometimes unexpected, attitudes and values that in turn influence bioethical decision making. ... this bioethical sensibility may be of greatest interest to those who wish to understand the religious contribution to thinking about specific ethical issues.

As noted earlier, a bioethical sensibility is a set of beliefs, attitudes, and values that results from the complex interaction

between a tradition’s theology (including its cosmology and eschatology), its gamut of ethical teachings, its ritual practices, and the historical experiences of the community. Some of the main questions that a faith’s bioethical sensibility answers include the following:

- What is the meaning of suffering in the context of human life and cosmic reality?
- How should we regard the physical body and its functions?
- What is the meaning and role of gender differences, sexuality, and reproduction?
- How are we to understand and respond to birth, aging, and death?
- What constitutes the self, and how is selfhood to be assessed?
- How are sin and moral culpability understood? What makes something sinful and how is sin relieved or absolved?
- What are the tradition’s specific bioethical teachings? How authoritative are they, and who is regarded as their proper interpreter?

Sources of Jewish Ethics

Tradition, text, and interpretation

philip COHEN

"The other is the neighbor who is not kin but who can be."

—Emmanuel Levinas

Jewish tradition is rich in texts that can serve as important sources of guidance for bioethics.

The Hebrew Bible, the primary Jewish literary source, is filled with moments of ethical concern that profoundly articulate a notion of the good, the search for which constitutes a fundamental element of the tradition. Likewise, the texts teach ethical behavior. From the opening pages, in story and law, the texts teach ethical behavior. Likewise, the later prophetic writings are packed with demands for moral behavior.

The Midrashic tradition, a varied literature containing extensive rabbinic commentary, is also shot through with ethical images, in stories that have become woven into the fabric of Jewish consciousness.

The Talmud, which is at the center of Jewish law, *halakha*, and the extensive literature it has inspired over the centuries, is a rich repository of ethical concern usually articulated in the form of legal discussions. The Talmudic tradition represents the oral component of the revelation on Mount Sinai and, as such, its unfolding represents the unfolding of the divine will. This view of the Talmudic tradition is maintained by Orthodox Judaism, but it is controversial within the liberal streams of

the Jewish community. However, much debate on bioethical matters within the Jewish tradition proceeds from legal analysis and thus points to the Talmud as its source, whether the perspective is Orthodox or liberal.

The Jewish philosophical tradition is also a critically important source for ethical discussion. For example, Moses Maimonides concludes *The Guide of the Perplexed* with a lengthy discussion of ethics, focusing on *imitatio Dei* as the highest goal of human existence. Hermann Cohen's *Religion of Reason out of the Sources of Judaism* is a deep philosophical reading of ethics as mediated by the Jewish tradition. Emmanuel Levinas's work, especially from the late 1940s on, is an investigation of ethical relationships between individuals, between the self and the other, both arising from a philosophical climate and Jewish tradition.

What specifically is Jewish ethics? Is there a body of literature that articulates an incontestable body of Jewish moral rules? Here things become complex, because it isn't easy to find unanimity in particulars or in methodology. In the case of euthanasia, for example, scholars often cite Talmudic and extra-Talmudic sources to arrive at contradictory conclusions. How then can we say there is *one* Jewish voice in ethical matters?

This lack of unanimity is not surprising. Any tradition as ancient and diverse as the Jewish tradition will necessarily provoke a wide variety of opinions over the centuries. The tradition does not speak with one voice.

The issue is further complicated by the rise of liberal branches—Reform, Conservative, and Reconstructionist—which came into existence in part out of a broad dissatisfaction with the traditional legal framework. These movements do not reject tradition outright, but they claim the right to reinterpret it and reject elements of it. The Reconstructionist movement, for example, is fond of proclaiming that "the past has a voice but not a veto," that is, the Jewish tradition carries critical weight in contemporary Jewish decision making, but does not possess the absolute voice Jewish Orthodoxy grants it. This is not to say that each liberal movement speaks with the same voice, but certainly the process of consulting the Jewish tradition is accomplished very differently from within liberal Judaism than from within Orthodoxy. One disagreement between liberal and Orthodox Judaism illustrates the issue.

Orthodoxy understands the sexes to have explicitly defined roles within the life of the community. Thus, women are not counted in the prayer quorum (*minyan*), are prohibited from becoming rabbis, and are placed in roles different from men's.

The liberal streams of Judaism, influenced by feminism, believe that women ought to be granted full rights within the life of the community. All three liberal movements, despite differing approaches to implementation of the issue, diverge from tradition for their belief in a greater good raised by sources other than traditional Jewish ones.

Orthodoxy holds that the greater good is fealty to the law as traditionally interpreted, while liberal Judaism claims to hear an ethical imperative that breaks with tradition. The implications of the divide between liberal and Orthodox include disagreement not only about the authority of the texts, but over how to read them as well. How to do Jewish ethics within a Jewish framework is therefore a complex question, leading to the inevitable conclusion that there can be no such thing as *the* Jewish opinion on any specific ethical matter, but rather a range of Jewish opinions. What then makes a Jewish opinion Jewish? Can we identify Jewish ethical values that inform decision making?

The answer is a tentative “yes.” Louis Newman, in his essay “Jewish Theology and Bioethics,” identifies five principles of Jewish ethics particularly important for bioethics: (1) human life possesses intrinsic value; (2) the preservation of life is the highest moral imperative; (3) all human lives are equal; (4) our lives are not really our own—they belong to God; and (5) the sacredness of human life inheres in the human being as a whole. I would add a sixth: the imitation of God is manifested through my actions toward the other.

Even these principles may be in dispute among Jewish ethicists, though it is likely that there is wide agreement. How to move from these principles to rules that can be acted upon is the source of controversy. Finally, the Jewishness of Jewish ethics is assured simply by virtue of the fact that those engaged in Jewish ethics do so out of a high regard for the texts that form the tradition. There may always be a dynamic tension within the Jewish ethics community over method and meaning; however, the Jewish ethicist’s commitment to Jewish texts will root Jewish ethics substantially in the tradition and give voice to authentic Jewish concerns. ■

Philip Cohen, PhD, is the Executive Director of the Hillel Jewish Student Center in Lansing, Michigan, and is an adjunct professor at Michigan State University.

In Memoriam

Rev. Richard A. McCormick, SJ

On Saturday, February 12, the Park Ridge Center lost a dear friend and a founding board member, Father Richard A. McCormick. Dick had a long and illustrious academic career at Notre Dame and Georgetown. He was my confidant and chum for many years. The wisdom he shared, the joy he so naturally engendered, and the faith he so beautifully exemplified were special gifts to me and many others who loved him.

Dick died on the birthday of our most respected U.S. president. Abraham Lincoln was bold, honest, confident, and a brilliant political strategist.

Dick brought the same range of strong character traits to the world of Catholic moral theology. He was largely responsible for giving voice to the theological beauty and moral power of Catholicism at a time when the integrity of the tradition was seriously challenged. He was completely faithful to his Jesuit vows, his priestly commitment, and his theological vocation. Indeed, Dick’s intellectual prowess and moral strength were responsible for *bringing forth a more perfect union* in the religious tradition he so passionately embraced. May our dear friend rest in peace.

—Laurence J. O’Connell

Meeting the Future, Honoring the Past

Michael Reese Health Trust meets modern priorities

dorothy h. GARDNER

The Park Ridge Center has partnered with Michael Reese Health Trust to launch an initiative on Judaism and health care ethics, a project to enable Jewish health care providers and patients to question, discuss, and draw conclusions about health care ethics, healing, and spirituality from a Jewish perspective.

Fortunately for humankind, care for the poor is among the many great traditions of the Jewish faith. Historically, this has often meant caring for “our own.”

This was a primary motivation of the Jewish philanthropists who founded Michael Reese Hospital in 1879. No less important was securing an environment to train Jewish physicians denied admitting privileges and access to medical education elsewhere. While the days mandating this latter need have passed, care for the vulnerable remains our collective responsibility. Immigrant needs are no less pressing today than in the late 1800s—only the balance of ethnicity has changed. We reflected on this history as we crafted the grant-making guidelines for Michael Reese Health Trust, the successor foundation to Michael Reese Hospital.

From Hospital to Health Trust

Michael Reese Health Trust is a “conversion” foundation. When a not-for-profit entity is sold to a for-profit corporation, the charitable assets (the purchase money and

the endowments of the hospital) must remain within the charity stream. Supervised by the attorney general and guided by a cohort of stewards selected as its trustees, the resulting foundation has the responsibility to perpetuate, to the degree that it can, the mission and vision of its predecessor institution and respond to the charitable needs of the general public. These conversions can come about through sale, merger, joint venture, or corporate restructuring. They are usually precipitated by the increasing uncertainty and competition in hospital management and the decision of trustees to salvage assets for community benefit. Conversion foundations vary tremendously in their asset size, organizational structure, and mission.

The asset base of Michael Reese Health Trust is modest in comparison to those of

later conversions, \$78 million (approximately \$50 million at the time of the sale). The law requires an annual minimum distribution of 5% of the fair market value of the assets and the requisite percentage of excise tax. Turning to the hospital’s history for directives on how to direct these charitable assets, priorities were established: continue to look after our Jewish needy and faithfully respond to the needs of the community’s underserved, paying particular attention to immigrant populations. The trustees also made a conscious decision to de-emphasize the funding of scientific research.

By the date of the sale of the hospital and the 250,000-member staff HMO in 1991, and certainly by the time private foundation status was established in 1996, hospital after hospital across the country had closed or sold. Faith-based institu-



Chicago Jewish Archives, Spertus Institute of Jewish Studies

Mandel Clinic, the West Side Dispensary of Michael Reese Hospital, c. 1900

tions, in particular the relatively small number of Jewish hospitals, had become increasingly scarce. The picture is even worse today. In Chicago, Mount Sinai Hospital and Medical Center is the city's only Jewish hospital. In most cities the uniquely Jewish hospital has passed into history.

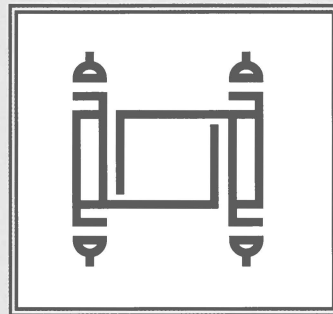
Implementing the Vision

The trustees spent a good deal of time consulting with Chicago's city leaders and health care providers. We worried about how best to apply the available dollars, how to keep covenants with the permanent endowments that had been entrusted to us, how to position the Trust to respond in a timely manner to emerging issues, and how we might affect public policy to bring about systemic change. Further discussions considered how to avoid agency dependency on our support and how to help organizations build capacity to sustain their work well beyond our participation.

In addition to all of this, there were other troubling questions. With the sweeping changes in health care, the disappearance of Jewish hospitals, and the effects of assimilation, what does the physician miss by not having an opportunity to "check in" with Jewish colleagues—to balance medical practice with the tenets of the Jewish faith? Is there a void in the absence of such a resource? Does this change the care, or the perception of care, for the caregiver or for the recipient? If so, how so, and how can we address this void?

Representing staff and trustees who appreciate cultural appropriateness as a necessary ingredient of care and healing, believing that the mezuzah over the door brings comfort and meaning to the faithful who struggle for strength, and after many discussions with physicians, rabbis, and caregivers, we felt emboldened to initiate a conversation with the Park Ridge Center to further this discussion.

This issue of the Center's *Bulletin* is devoted to the issues raised by our questions. We look forward to the thoughts



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and debate it will provoke. We remain committed to anchoring the responses in our future grant making, and to carrying the messages from this study to the medical community at large. ■

Dorothy H. Gardner is President of Michael Reese Health Trust.

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Every effort has been made to ensure the accuracy of this document, but if you see an error, please call Lisa Miyashita at (312) 266-2222. Thank you.

Judaism and Health Care Ethics

A program of the Park Ridge Center

martha b. HOLSTEIN

The Park Ridge Center's project on Judaism and Health Care Ethics has three aims: to create communal dialogue about Judaism and ethics; to carry out research from a Jewish perspective on contemporary ethical issues; and to conduct educational and training activities.

A planning grant from the Michael Reese Health Trust (see Dorothy Gardner's article) provided the impetus for this project. Rabbi Peter Knobel, PhD, of Beth Emet The Free Synagogue, chairs the project Advisory Committee.

While Judaism has historically engaged with ethical questions (see Philip Cohen's article), more recently the dominant religious voices in the West have been Christian, owing in part to sheer numbers. But Jewish ethics also has much to contribute to current discussions about ethics. It delves into essential moral questions: What does it mean to be human? What are our ethical obligations to others in our community? What is the nature of suffering and our responsibility to alleviate it? What constitutes the self, and how is selfhood assessed? Individually, how do we contribute to healing the world? The Code of Maimonides, demanding in its own way, calls attention to the obligations of the physician. Recent work in Jewish ethics

addresses more specific questions of resource allocation, assisted reproduction, genetic testing, and old age.

Judaism also contributes a method of ethical inquiry that relies on text, custom, history, interpretation, and serious discussion with others. Different branches of Judaism place varying emphasis on these components. But critically engaged conversation, whether written or oral, has become an increasingly important way to raise and respond to new ethical questions.

Jewish ethics in practice once occurred in daily life in Jewish-affiliated hospitals in nearly all large American cities. Built by philanthropy, often as a response to discrimination against Jewish doctors, these institutions served Jewish patients, who were often poor and recently immigrated. Today all that has changed. Competition

and demographic shifts have led to the closure of many Jewish hospitals. Hospitals today are as pluralistic as the communities they serve. Often, one religious denomination operates a hospital, physicians from another tradition dominate the staff, and the patient population represents yet other groups.

Thus, the shared traditions that once marked particular institutions, patients, and staff are easily lost. What might have occurred casually in hallway or cafeteria conversations when people shared a tradition is now harder to achieve. What, if anything, does it mean to be a Jewish doctor at St. Anne's Hospital, the University of California's Moffet Hospital, or at Cook County Hospital? How does religious identity create the sensibilities (see the excerpt of Davis and Zoloth's *Notes from a Narrow Ridge: Religion and Bioethics*) that shape



Surgery, Michael Reese Hospital, c. 1900

Chicago Jewish Archives, Spertus Institute of Jewish Studies

our responses to problems in medical ethics? No encounter with another or with an ethical conflict comes unmediated by our history, values, or prejudices. Action has meaning—though not always self-evidently so; only through reflexivity and discussion does this become evident.

By developing research around specific questions, such as genetic testing or gene therapy, providing opportunities for clinicians to reflect upon the sources of their moral sensibilities, and creating educational programs for the entire community, this project will advance thinking in Jewish ethics. It will also help to reestablish informal communities in which clinicians can examine the contributions of Judaism to their thinking and to their work. Jewish ideas about ethics can influence thinking in the non-Jewish community. Jewish interpretations of obligations and responsibilities to our neighbors and to strangers can contribute to a renewed debate about health care reform. Although ideas that emerge from Jewish sources may be justified through readings of Jewish texts or through particular interpretations of history, they can be placed into the common pool of ideas worthy of attention as we struggle to heal the world and the relationships of people within that world.

Rabbi Gail Glicksman, PhD, will be the director of the project on Judaism and Health Care Ethics. A Reconstructionist rabbi and now the director of an educational program on the campus of the University of Pennsylvania, she will start work at the Park Ridge Center in July 2000.

Watch for events sponsored by this project over the next few months: the conference on April 13 (see announcement), a breakfast meeting with Rabbi Peter Knobel of Beth Emet The Free Synagogue on May 9, and three other events: breakfast with John Lantos, MD, and two joint events cosponsored by the Jewish Federation of Metropolitan Chicago and the Spertus Institute of Jewish Studies. For more information, or to be added to the mailing list, contact Bernice Chantos at (877) 944-4401 or e-mail bmc@prchfe.org. ■

THE RELIGIOUS TRADITIONS AND HEALTH CARE ETHICS SERIES

Join the Park Ridge Center staff for a morning of ethics. These workshops provide caregivers necessary practical information about the values and beliefs of different religious traditions. Workshops are held at the Park Ridge Center, Caldwell Library, 211 East Ontario St., Suite 800, Chicago, IL, and run from 8:00 A.M. to 9:30 A.M. Each costs \$25 and includes continental breakfast and background materials. To register, call Bernice Chantos at (877) 944-4401 (toll free), or e-mail(bmc@prchfe.org).

April 18, 2000

Islam and Health Care Ethics
Ghulam-Haider Asai, PhD

May 9, 2000

Judaism and Health Care Ethics
Rabbi Peter Knobel, PhD

Health, Faith, and Ethics LISTSERV

The Park Ridge Center is pleased to announce the establishment of a new E-mail list entitled HEALTH-FAITH-ETHICS. This electronic discussion group focuses on issues arising at the intersection of health and health care (including public health), religion or spirituality, and ethics.

The list is part of the Center's ongoing work to foster public awareness and discussion of the role of religion in health care and to help form a community to advance this discussion. We hope the list will transcend the borders of most contemporary bioethics, as it is not limited to any one tradition or discipline and is open to anyone with a professional interest in this area.

Although we anticipate discussion to focus on issues close to the bedside, we

welcome discussion of any topic of significant concern, including issues relating to education, research, public policy, and law arising within the broad coverage of religion and health care. Any member of the list can initiate a discussion by sending an E-mail message to the list, which will then be forwarded to all the other members for their reactions and response.

E-mail listserv@listserv.prchfe.org to subscribe. Leave the subject line blank and insert as the message the following: subscribe health-faith-ethics (your name) [without parentheses]. If you prefer, access our web page at www.prchfe.org and refer to the "Health, Faith, and Ethics LISERV" column for instructions. ■

The Question of Autopsy

Rabbinic rulings and modern medicine

phyllis MITZEN

The Council for Jewish Elderly (CJE) provides social and health services to the elderly both in the community and in its long-term care facilities.

A decade ago, a benefactor established the Leonard Schanfeld Research Institute, enabling the agency to participate in evaluative research, drug studies, and research projects brought to our institutional review board (IRB) by researchers wishing to include our client population in their research. Thereafter, a local teaching hospital asked CJE to consider participating in Alzheimer's brain research, which would include autopsies. Support of such research meant that CJE would endorse the research and actively seek subjects for brain autopsy. Autopsy is currently sanctioned by CJE only if required by law. The question brought to the ethics committee was, "Will CJE support research on a demented person if the protocol includes consent for autopsy?" The ethics committee was asked to provide guidelines for CJE's IRB.

Traditionally the Jewish religion disapproves of any postmortem cutting of the body. A basic principle of Jewish law relating to death is the "honor and respect due even to a lifeless human being." Rabbi Hayim Halevy Donin writes in *To Be a Jew: A Guide to Jewish Observance in Contemporary Life*, "Consensus of rabbinic rulings during the past several cen-



The British Library, 042737v

Women Mourn the Death of Their Men

turies has strongly prohibited post-mortem examinations as a desecration of the dead." He also says "allowances have been made if there was a reasonable prospect that it would contribute to saving the life of *another patient at hand*" [italics mine].

CJE, through the Research Institute, wants to actively participate in research on dementia, including Alzheimer's disease, which is a critical illness not only for clients, but also for their families and society. The financial and social implications of this illness are growing yearly as the elderly population increases. As a society we can probably agree that all scientific efforts possible, including autopsy, must be exerted to solve the mysteries of the dementias. Autopsy findings can increase our under-

standing of these illnesses, particularly in correlating cognitive, functional, and behavioral changes during life with post-mortem examination of tissue. Further, autopsy is the only definitive way to diagnose Alzheimer's disease.

Autopsy for the purpose of research is not performed for any individual benefit, but to produce a universal social benefit. This does not appear to be what the rabbis had in mind when they weighed the value of saving a life that is in immediate danger (including organ transplants) against the value of not desecrating the dead. Instead, the rabbis' judgment invokes the value of *tikkum olam* (repairing or helping the world), which approves

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Daily Prayer of a Physician

Attributed to Maimonides

Almighty God, Thou has created the human body with infinite wisdom.

Ten thousand times ten thousand organs has Thou combined in it that act unceasingly and harmoniously to preserve the whole in all its beauty—the body which is the envelope of the immortal soul. They are ever acting in perfect order, agreement and accord. Yet, when the frailty of matter or the unbridling of passions deranges this order or interrupts this accord, then forces clash and the body crumbles into the primal dust from which it came. Thou sendest to man diseases as beneficent messengers to foretell approaching danger and to urge him to avert it.

Thou hast blest Thine earth, Thy rivers and Thy mountains with healing substances; they enable Thy creatures to alleviate their sufferings and to heal their illnesses. Thou hast endowed man with the wisdom to relieve the suffering of his brother, to recognize his disorders, to extract the healing substances, to discover their powers and to prepare and to apply them to suit every ill. In Thine Eternal Providence Thou hast chosen me to watch over the life and health of Thy creatures. I am now about to apply myself to the duties of my profession. Support me, Almighty God, in these great labors that they may benefit mankind, for without Thy help not even the least thing will succeed.

Inspire me with love for my art and for Thy creatures. Do not allow thirst for profit, ambition for renown and admira-

tion, to interfere with my profession, for these are the enemies of truth and of love for mankind and they can lead astray in the great task of attending to the welfare of Thy creatures. Preserve the strength of my body and of my soul that they ever be ready cheerfully to help and support rich and poor, good and bad, enemy as well as friend. In the sufferer let me see only the human being. Illumine my mind that it recognize what presents itself and that it may comprehend what is absent or hidden. Let it not fail to see what is visible, but do not permit it to arrogate to itself the power to see what cannot be seen, for delicate and indefinite are the bounds of the great art of caring for the lives and health of Thy creatures. Let me never be absent-minded. May no strange thoughts divert my attention at the bedside of the sick, or disturb my mind in its silent labors, for great and sacred are the thoughtful deliberations required to preserve the lives and health of Thy creatures.

Grant that my patients have confidence in me and my art and follow my directions and my counsel. Remove from their midst all charlatans and the whole host of officious relatives and know-all nurses, cruel people who arrogantly frustrate the wisest purposes of our art and often lead Thy creatures to their death.

Should those who are wiser than I wish to improve and instruct me, let my soul gratefully follow their guidance; for vast is the extent of our art. Should conceited fools, however, censure me, then let love for my profession steel me against them, so that I remain steadfast without regard for age, for reputation, or for honor, because surrender would bring to Thy creatures sickness and death.

Imbue my soul with gentleness and calmness when older colleagues, proud of their age, wish to displace me or to scorn me or disdainfully to teach me. May even this be of advantage to me, for they know many things of which I am ignorant, but let not their arrogance give me pain. For they are old and old age is not master of the passions. I also hope to attain old age upon this earth, before Thee, Almighty God!

Let me be contented in everything except in the great science of my profession. Never allow the thought to arise in me that I have attained to sufficient knowledge, but vouchsafe to me the strength, the leisure and the ambition ever to extend my knowledge. For art is great, but the mind of man is ever expanding.

Almighty God! Thou hast chosen me in Thy mercy to watch over the life and death of Thy creatures. I now apply myself to my profession. Support me in this great task so that it may benefit mankind, for without Thy help not even the least thing will succeed. ■

This version of the prayer was published in The Jews and Medicine, by Harry Friedenwald, printed in 1944 by the Johns Hopkins Press.

of participating in autopsy studies that further knowledge and improve practice.

Some people in the Jewish community say that the greater good should be served and, that if Jews expect to benefit from the research, they should also participate in it. Others argue that research autopsies compromise Jewish values, an act a Jewish organization should not sanction. Some would say that a person who donates a body part to save another's life, rather than committing mutilation, has performed a *mitzvah* (adhering to the *halakhic* law to save a life). On the other hand, if an organization participates in research that includes autopsy for obtaining knowledge, it stretches the Jewish values it stands for and risks condemnation by the community. It was not clear to the ethics committee how sanctioning autopsy through our agency would make a significant difference in the research effort on Alzheimer's disease. We had to ask ourselves whether traditional values were more important than science.

On the other hand, if an individual within the institution chooses to participate in research requiring autopsy, should that person not be able to do so? In our pluralistic society, there are many who value the right to choose *tikkum olam* (a principle of repairing the world) and welcome the opportunity to further understanding of devastating dementias. CJE does not want to stand in the way of individuals who make that choice.

CJE finds itself, like other Jewish organizations around the country, struggling with competing desires to expand our knowledge about dementing illnesses, to participate in medical research, and to uphold Jewish values. ■

Phyllis Mitzen is the director of resources and development at the Council for Jewish Elderly in Chicago.

Jewish Internet Resources

gail GLICKSMAN

The traditional greeting on the birth of a Jewish child is *letorah, ulehuppah, ulema'asim tovim*—for learning, for the wedding canopy, and for good deeds. It expresses the hope that the child will grow into a life of study, of marriage, and of virtue. It also provides an imaginative framework for examining how today's heirs to an ancient religious civilization use contemporary technology to achieve the same ends.

For learning

From these sites, one can link to an abundance of resources representing an impressive cross section of ideological approaches to Jewish life:

Judaism and Jewish Resources

<http://shamash.org/trb/Judaism.htm>

Jewish Community Online

www.jewish.com

Shamash: Jewish Internet Consortium

www.shamash.org

The Online Jewish Resource

www.zipple.com

For the wedding canopy

Many Jews use the Internet for help finding love and building a family. Sites devoted to singles are a new approach to the venerable tradition of matchmaking. Zipple.com, Jewish.com, and Jdate.com are some of the most popular singles sites. Sites devoted to family issues include:

Jewish Family and Life

www.jewishfamily.com

Mishpacha: A Virtual Community for

Real Jewish Families

www.mishpacha.org

Jewish Adoption Information Exchange

www.starsofdavid.org

A Torah Infertility Medium of Exchange
www.atime.org

FrumInfertility

www.onelist.com/group/FrumInfertility

Avotaynu: Works on Jewish Genealogy

www.avotaynu.com

JewishGen: Jewish Genealogy

www.jewishgen.org

For good deeds

Examples from two Philadelphia-area congregations demonstrate the power of electronic resources to mobilize support for those in need. Beth Am Israel's LIST-SERV includes posts about religious issues as well as calls for help with practical needs—participants to make a *minyan* (prayer quorum) or contributions to *tzedakah* (charity) projects. Through its Acts of Caring / *G'milut Hasidim* electronic distribution list, Mishkan Shalom recently mobilized more than one hundred volunteers to donate blood samples for the international bone marrow registry.

Visitors to www.ou.org can click on "Email G-d," a link that leads to the "Neshama (Soul) Line." They can send E-mail messages to be printed and inserted into the Western Wall. It also enables individuals to request that Psalms be recited for those who are ill, or to honor a loved one's *yahrzeit* (death anniversary).

While some fear that the Internet fosters isolation, I have observed its impressive potential to promote social integration—despite the time, space, and ideology that separate Jews across the world. ■

Rabbi Gail Glicksman, PhD, will become Director of the Program in Judaism and Health Care Ethics at the Park Ridge Center in July 2000.

No Free Care

Deep in New Jersey's Pine Barrens is a unique institution: the Deborah Heart and Lung Center. It does not bill patients. Founded seventy-eight years ago as a sanitarium for poor immigrant Jews, the hospital's philosophy is that wealth shouldn't matter when it comes to access to medical care. Costs are offset by insurance, a dedicated army of volunteers who raise money up and down the East Coast, and Medicare reimbursements.

That Deborah accepts Medicare without requiring co-payments places it in jeopardy of violating a host of civil and criminal laws, reports the *Wall Street Journal*. The U.S. Department of Health and Human Services Inspector General's office says that federal law prevents providers from giving remuneration in exchange for Medicare business. The co-payment waiver counts as remuneration. And because Medicare is insurance—which covers potential losses—it has no

obligation to pay, as no loss need be covered if the hospital gives care for free. Finally, waiving co-payments may amount to an unfair competitive practice.

Deborah has asked for a waiver. If it doesn't get one and sticks to its philosophical guns, the hospital could face prosecution and stiff fines.

How determined is the Department of Health and Human Services to let no good deed go unpunished? The future of this charitable institution may well hinge on this question.

Fair Warning

Cost-conscious health care consumers can now seek out the lowest bidder for elective surgical procedures. According to *Modern Healthcare*, the Medicine Online web site recently added a new feature—"Bid For Surgery." The site claims that its "patent-pending reverse auction" allows those seeking elective surgery to save

time and money in shopping for a surgeon. Prospective patients post descriptions of their surgical needs, such as rhinoplasty or corrective eye surgery, and surgeons bid by listing their qualifications and giving an estimated cost.

The site urges visitors to take control of their health and claims to empower them to make informed decisions about health care providers. There is also this admonishment: "Bid For Surgery is a serious process. Please do not exploit this new and unique process by using it for recreational or entertainment reasons."

Utah's Sex Ed 411

The State of Utah is considering legislation that mandates teaching public school children that sex outside of marriage is a crime. The legislature recently passed House Bill 411, which amends state curriculum requirements "pertaining to community and personal health ... and the prevention of communicable disease." The measure is now before Governor Mike Leavitt.

The legislation's sponsor, Rep. Bill Wright, said teaching about sex encourages bad behavior, the *Associated Press* reports. His bill limits sex education to abstinence before marriage, fidelity after marriage, personal skills that encourage individual choice of abstinence and fidelity, and consideration "that any sexual relations outside of marriage constitutes criminal conduct."

The Utah penal code, however, does not prohibit state residents from crossing the border into neighboring Nevada when they wish to fornicate legally.

—Kirston Fortune

Training Workshop in Spirituality and Aging



Based on an innovative educational program, "The Challenges of Aging: Retrieving Spiritual Traditions for the Elderly," this workshop deals with contemporary cultural notions about aging. It retrieves the wisdom of the religious traditions and encourages the elderly to explore aging as a spiritual journey. Key themes of this exploration include covenant, blessing, honor, faith in the presence of loss, and reconciliation. Workshops are held June 13 and December 5 at the Park Ridge Center, Caldwell Library, 211 East Ontario St., Suite 800, Chicago, IL. Each costs \$150 and includes meals and training materials. To register, call Bernice Chantos at (877) 944-4401 (toll free), or e-mail (bmc@prchfe.org). Continuing education credits are available.

Focus on Judaism

Honoring a founding faith and a founding father

martin e. MARTY

Will this be remembered, filed, and put to work as “The Jewish Issue” of the *Bulletin*?

While the articles focus on Judaism and its connection with medical ethics and the interpretation of health and illness, we editors did not think of it as an exclusive, something over which the *the* in “The Jewish Issue” was to dominate.

Only 2.3% of the American people tell poll-takers that they prefer Judaism or identify their religion as Jewish, but the influence of what some call the Hebrew Scriptures, of what Christians conventionally call the Old Testament, of the rabbinic traditions, of Jewish ethical thought, touches so many dimensions of American life when not described as merely secular, that the non-Jewish majority should and must and does pay attention to it.

Despite this focus, we don’t think of this as a hermetically sealed “Jewish Issue,” that draws upon one religious tradition only so that we can move on to others. From the first day of the prehistoric phase of the Park Ridge Center through all its history, Judaism has been a key element in its “international, intercultural, interdisciplinary, interfaith” expression.

So when we concentrate on Jewish sources and interpretations, we are neither paying respects to the American tradition of equal time for the faiths, nor letting Judaism take its turn in isolation. We are

confident that all readers, no matter their secular, or religious, or religiosecular outlooks, will profit from the articles.

Look at the range here. It goes from Byron L. Sherwin, who writes of stewardship of the body; to the neighbor (key to Jewish ethical thought, also in respect to medical ethics) as Philip Cohen makes clear; to technology (in this case through the item about Internet search engines); to tradition, as Dena Davis and Laurie Zoloth describe the bioethical sensibility they find in any number of Jewish emphases in ethics; to association, as Dorothy Gardner discusses the heritage and legacy of a medical center rooted in the Jewish philanthropic heritage; to practical ethics, as Phyllis Mitzen wrestles with Judaism’s wrestling over the issue of autopsy; and to devotion, exemplified in the prayer attributed to Maimonides.

Now let me add a postscript to Laurence O’Connell’s note recalling the late Father Richard McCormick. As one who was, in the words of a Spanish king and an American secretary of state “present at the creation” of this Center, I would like to testify to the founding and shaping contributions of Dick McCormick, who was not only present but was a creator of it.

One contribution he made came in the form of a question I will paraphrase from one of his writings for this Center. Aware that there were 600-plus hospitals that claimed the name “Catholic,” he wanted the leadership of each to hear the question: “If you were indicted for being a Catholic hospital, would there be enough evidence to convict you?” It was his way of asking institutions and their participants

to deal with the basic issues of what I keep calling here “traditions.”

McCormick represented the Catholic tradition at its best and thus helped make this Center a more catholic place, a place where the focused ideas of the faith communities would reach into the “whole” (*kata + holos*) of existence, as perceived in the enterprises connected with what we code-named “Health, Faith, and Ethics.”

Richard McCormick used to say goodbye to us after annual observances with an “*ad multos annos*,” hoping we would have more, and good years. Now we reach back into the Latin in which he was grounded, with our thanks and the hope: “*Requiescat in pace*.” ■

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