

End of Life Issues from a Jewish Perspective

More than 200 religious leaders, health care professionals, students, and community members joined together on May 23 to attend a symposium titled “End of Life Issues from a Jewish Perspective,” organized by Columbia University’s Center for Bioethics.

The innovative Symposium, which established a dialogue between leaders representing the religious and secular perspectives that arise as life ebbs, was created in response to the increasing frequency of Orthodox patients at Columbia University’s hospitals facing end of life issues. Nationally renowned Orthodox rabbinical scholars (Rabbis Moshe Tendler and Mordechai Willig of Yeshiva University) and international medical experts (Dr. Avraham Steinberg, of Shaarai Zedek Hospital in Jerusalem and recipient of the 1999 Israel Prize in Medical Ethics, Dr. Muriel Gillick of Harvard University, as well as Drs. Kenneth Prager and Stephan Mayer of Columbia University College of Physicians and Surgeons) presented their views on a wide variety of medical end of life issues informed by neurology, emergency medicine, geriatrics, palliative care, and medical ethics.

Topics included treating terminally-ill patients, medical futility, euthanasia, brain death, cardiac death, organ donation, pain management, palliative care, and advance directives. Using presentations and challenging case-based discussions led by Dr. Prager, the educational objectives addressed an overview of halachic principles and how these relate to secular medical practices of end of life care. The primary aims of the Symposium were to educate the diverse audience, to engage in dialogue between speakers, and to have speakers respond to questions and comments from the audience. Ultimately, the goal of the Symposium was to promote optimal care for the dying patient, and to develop guidelines for healthcare professionals that would advance understanding and respectful care for patients in the Orthodox Jewish community.

The audience included representatives from 14 institutions including many New York City hospitals, hospices, and nursing homes. The Symposium, organized by Dr. Ruth L. Fischbach, director of the Center for Bioethics, Dr. John D. Loike, director of special projects at the Center, Dr. Kenneth M. Prager, Director of Clinical Bioethics at the Center, and Jeremy Simon, another member of the Center, was made possible by generous funding from the Lucius N. Littauer Foundation, the Joseph N. Muschel Memorial Foundation, and The Jewish Press.

The following case discussed at the Symposium is typical of the kind seen by the hospital’s Medical Ethics Committee directed by Dr. Prager.

Mr. Goldin (not his real name) was a 60 year-old man in good overall health, when he was struck by a car. In the emergency department he was determined to have suffered catastrophic brain injury and was admitted to the Neurological Intensive Care Unit (NICU). After three days in the NICU he was declared brain-dead. The Organ Donor Network then contacted Mr. Goldin’s next of kin, his two daughters, to ask them about donating their father’s organs. The older daughter, like Mr. Goldin, is a traditional Jew, but not Orthodox. The younger daughter is Orthodox. The older daughter understands the diagnosis of brain death and is in favor of donating the organs, saying that it is what their father would have wanted. The younger daughter, however, does not accept the notion of brain death, noting that her father is warm and has a pulse. She insists that she cannot allow organ donation, stating that she consulted with her rabbi and donation is against Jewish law.

Dr. Avraham Steinberg began by emphasizing that end of life issues and caring for the dying patient are some of the most complicated and important issues of modern times. The Orthodox community is generally divided on the issue of how death is defined. Dr. Steinberg and Rabbi Tendler presented the view that brain death is the primary criterion in this regard supported by both the medical methodology and rabbinical sources (including Rabbi Moshe Feinstein, Rabbi Ovadia Yosef, and Rabbi Shlomo Auerbach). Dr. Mayer presented the physiologic changes that occur with brain death and how it is diagnosed. Applying halachic principles to the case study of Mr. Goldin, Dr. Steinberg and Rabbi Tendler supported the primary view that under proper guidelines, Mr. Goldin could in fact donate vital organs such as heart and lungs to save the life of another human being. The sacredness of life is an important value in Judaism and the gift of a vital organ can be the gift of life. Rabbi Willig presented the other primary definition of death as cessation of cardiac function. He presented a combination of halachic sources and medical data to claim that the Orthodox daughter was within halachic guidelines to only allow non-vital organs such as the cornea for organ donation.

Even though there are varied opinions on the definition of death, other case studies presented at the Symposium highlighted an overall consensus between the rabbis and physicians concerning how to care for dying Orthodox patients, especially with respect to providing food, water, and palliative care during their final days of life. One of the major differences between the physicians and rabbis was that physicians supported full autonomy of the patient and the family in making medical decisions, whereas halachic Judaism views limited autonomy as the norm for Torah observant Jews, meaning patients or family members do not have the authority to request withdrawal of a ventilator that might shorten life.

In addition, halachic Judaism distinguishes between withholding treatment and withdrawing treatment. The dying patient does not have to undergo aggressive life saving treatments that have no possibility of saving life and even a very low probability of prolonging life. On the other hand, sufficient food and water must not be withheld from the dying patient. A contrasting view was presented by Dr. Gillick, a noted geriatrician, who described dying patients with certain medical conditions as either unable to eat or uninterested in food and fluid and who are comfortable with being offered ice chips or having their mouth moistened. Putting food in their mouth can lead to choking and aspiration. Patients can die peacefully and comfortably with this level of care.

Dr. Steinberg, the featured luncheon speaker, told of how Israel was able to pass a set of laws focused on the dying patient that gained approval of the leading Israeli rabbinical authorities, lawyers, and physicians. This law represents the first actual halachic-based law passed by the Knesset. In addition, Dr. Steinberg, in a most engaging manner, described for the audience the procedure by which his committee achieved passage of this unique and innovative legislation. As it stands now, the new Israeli law defines brain death as the major criterion of death. The passage of this law was a magnificent lesson in diplomacy and politics.

The speakers and organizers of the Symposium are currently drafting a set of guidelines based on the information that was presented at the Symposium. They hope to soon present the Guidelines to health care professionals at Columbia University College of Physicians and Surgeons and to the New York Presbyterian Hospital.