

The Terminally Ill

Prof. A. Rosin

Some years ago the editor of a medical journal commented on the definition of old age in an article I had written. I wrote that old age is the last stage of life, leading to death. He told me that this definition was too pessimistic and that he didn't like it. I agreed that it was somewhat pessimistic, but that it unfortunately reflects the reality. He accepted the article.

Old age is indeed viewed as the last stage of life. But the questions of when exactly old age begins and when it ends in death are not so easily answered. Further, the period of old age occupies an increasingly important place in our society as well as in other societies around the world.

At the beginning of the century, the average life-expectancy in Western countries was around 50 years. Today, at the close of the century, it is close to 80. This increase in life expectancy finds expression mainly in the increased chances of young people reaching old age; whereas a person who reached the age of 75 in the year 1900 was expected to continue living for about the same number of years as a 75-year old today.

Today many more young people reach old age. This is so because we can remain healthy beyond our youth. Fewer young people fall prey to fatal diseases; and more young people survive. Thus there is a much larger population reaching advanced age, but no significant rise in the life expectancy of old people.

If we will succeed not only in eliminating the illnesses of youth but also illnesses affecting mature and elderly people, we will create a situation where many people will reach an advanced age, an age where there will be a high mortality rate within a short time. This is the meaning of compressed mortality, i.e. the compression of morbidity and mortality into the short period of old age.

We are standing at the brink of an explosion of the elderly population, with many illnesses, limitations and suffering. In other words, towards the end of old age, towards death, people will be chronically ill, handicapped, and with an impaired quality of life. It seems that people will no longer die healthy or suffering from an

acute disease after years of healthy active life, but rather within the framework of illness, handicaps and misery. This gives rise to some ethical questions: how much treatment should we give, how long should we prolong this suffering and this lowered quality of life when death is so close?

Are we meant to seek opportunities to allow a person to die? Or is our responsibility to treat, to diagnose, to prolong life with whatever suffering this entails until death overcomes the patient? This is one of the most difficult ethical problems facing society, the medical establishment, geriatric specialists, philosophers and religious leaders today.

Our first speaker is Dr. Avraham Steinberg. Dr. Steinberg, a senior pediatrician at Shaare Zedek Medical Center, is also a specialist in pediatric neurology at the Albert Einstein School of Medicine in New York. He also serves as Head of the Ethics Department of the Medical School of the Hebrew University and Hadassah School of Medicine in Jerusalem.

Afterwards we shall hear an address by Mr. Jacob Reingold, Director of the Hebrew Home for the Aged in Riverdale, New York. Mr. Reingold is highly qualified in the field of social work and has run the Home for several years. He has also accumulated much experience on the subject of legislation pertaining to the operation of old aged homes, and headed an American committee that was set up to deal with legislation for the elderly in the United States. He has succeeded in administering an institution for the elderly with high standards of humanity and professionalism.

The halachic questions will receive responses by Rabbi Zalman Nehemia Goldberg, a Dayyan of the Supreme Rabbinical Court in Jerusalem and Rosh Yeshiva of the Jerusalem School of Technology.

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