

Some Modern Responsa* on Hospices and Care for the Terminally Sick

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In view of the growing demand for the care of the aged and the terminally sick, the Jewish Welfare Board turned to me for advice on how to respond to this problem in the light of Jewish teachings and traditions. Accordingly, I drew up "Some Jewish Guidelines" as follows:

1. The first priority in communal facilities for the care of terminal patients should be to train and/or employ skilled medical, nursing and counseling personnel to provide home-support services for families who cannot otherwise cope with such patients. Jewish tradition and sentiment call for the spiritual and psychological props of a home environment – its warmth, intimacy and familiarity – particularly in the ebbing stage of life, including death itself. Institutional care in that condition can greatly aggravate the patient's physical and mental condition, however excellent the medical and nursing services provided may be.
Moreover, Jewish ethics seek to encourage children or other relatives to take personal care of those precious to them, whenever possible. The easy access to institutions discharging this responsibility by proxy could well further erode the once exemplary family bonds which constituted the universally envied pride of Jews, and which the community should seek to preserve and strengthen.
2. Where medical or social conditions render home support services inadequate or quite impracticable, the community should provide institutional facilities, but insist on making these approximate a Jewish home atmosphere as far as possible. Even Jews who in good health may be distant from Jewish life and observances, or indeed from any active identification with the Jewish community, usually feel a need for the comforts of their faith in times of grave illness and suffering.

* See Introduction by Lord Jakobovitz, *Jewish Medical Ethics* vol. I, p. 77, The Schlesinger Institute, Jerusalem 2004.

3. Such institutional units for Jewish patients should preferably be Jewish self-contained. It is quite acceptable to run these in association with, or as part of, a general institution, whether of a denominational or nondenominational character, so long as every effort is made to enable the Jewish patients to feel that they are in a Jewish atmosphere, cared for by the personnel attuned to their normal Jewish experience, particularly in respect of their religious needs.
4. Neither hospice nor any other term suggestive of a fatal prognosis should be used in the Jewish context. Jews, whether by temperament or by religious faith, never give up hope, and Judaism deems it morally, as well as psychologically wrong to doom patients by confinement to institutions from which they know no living discharge is expected. The notion of "preparing for death" is entirely alien to the Jewish tradition which requires us to sustain hope and confidence "even when a sharpened sword is placed on one's throat." It would therefore be desirable for such units, even if intended primarily for terminal cases, to be used also for suitable patients who may still have a prospect for recovery.
5. In an aging community, with a low birthrate to provide normal family support by the younger generation, the problem of caring for the terminally sick is bound to become even more pressing, and the demand for communal services and facilities is likely to arise appreciably in the ensuing years. In meeting the specifically Jewish dimensions of this demand, nothing is more urgent than adequate counseling facilities geared to the Jewish family. When severe illness strikes, it is not only the patient but also his nearest relatives who require competent advice, fellowship and encouragement to prevail over the anxieties and tensions inevitably in the wake of such a trying experience. Skilled and deeply committed counselors are no less indispensable in such situations than good doctors and dedicated nurses. By meeting these requirements, the Jewish community will not only help those most acutely in need, but also cultivate the finest Jewish virtues of compassion and loving kindness.

*Source: ASSIA – Jewish Medical Ethics,
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