

 Flatbush Focus

Yarchei Kallah Addresses End-of-Life Issues

BY YOSEF GESSER

Observant Yidden often find themselves challenged in navigating the health-care system, especially when they are confronted by complex end-of-life issues.

This past Sunday, 16 Adar I/February 20, Chayim Aruchim, the Center for Culturally Sensitive End-of-Life Advocacy and Counseling, established by Agudath Israel of America in conjunction with Machon Yerushalayim L'Rifuah V'Halacha – the Jerusalem Center for Research, held a *Yarchei Kallah* and conference. The program took place at Congregation Beth



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Harav Zvi Ausch

Torah in Brooklyn.

Presenters included Harav Yaakov Weiner, *Rosh Kollel*, Machon Yerushalayim L'Rifuah V'Halacha; Harav Zvi Ausch, Beis Horaah D'Karlsburg, who is *Yoshev Rosh* and Halachic Advisor of Chayim Aruchim; Harav Hersh Heilpern, *Dayan*, Khal Adas Yereim of Boro Park; and Dr. Russell K. Portenoy, MD, Chairman and Gerald J. Friedman Chair in Pain Medicine and Palliative Care, Department of Pain Medicine and Palliative Care, at Beth Israel Medical Center; Chief Medical Officer of Metropolitan Jewish Hospice and Palliative Care and Jacob Perlow Hospice; and Professor of Neurology and Anesthesiology at Albert Einstein College of Medicine.

Morning sessions focused on end-of-life issues in *halachah*. After introductory remarks by Harav Weiner, the participants took part in a *sefer limud* utilizing source texts pertaining to the topic, which was followed by a *shiur* by Harav Ausch.

The afternoon segment began with a session for Rabbanim and health professionals. The session was opened by Rabbi Gedalia Weinberger, Chairman of the Board, Agudath Israel of America, who recounted several stories to illustrate the importance of the afternoon's topic.

One involved a cancer patient in a major New York hospital who, as part of his treatment regimen, was on a respirator and had been put into a partial coma, and whose family was being unduly pressured to sign a "Do Not

Resuscitate" order due to his precarious situation. The relatives, cognizant of the Torah perspective to sustain life, refused and eventually transferred him to another hospital. There, the doctors determined that he was not being administered the correct medication and changed the treatment regimen. As a result, in three days, the patient no longer needed the respirator and three weeks later was able to leave the hospital. He ultimately returned to work and became a fully functioning human being.

Such decision-making is conducted by *frum* patients and their family members in consultation with their Rav. There is concern that other parties will be involved, due to recent developments.

To ensure that the approach to these very complex issues is a Torah-oriented one, the Agudah, together with Metropolitan Jewish Geriatric Center, has established Chayim Aruchim to serve as a resource for Rabbanim, physicians and families in dealing with a medical crisis, he said.

Rabbi Shmuel Lefkowitz, Vice President for Community Affairs,



Rabbi Gedalia Weinberger

Agudath Israel of America, outlined the issues at hand. The crux of the problem is that legislation has been passed in New York State that in effect allows the government to have a say as to whether gravely ill people should receive life-sustaining medical care.

The legislation requires doctors who treat the terminally ill to offer their patients and their family members information and counseling regarding prognosis, palliative and end-of-life care, including aggressive pain management and hospice care as well as the options for life-sustaining treatment. The law directs the doctor to take into account the patient's background and allows for one's rabbi to be involved in these discussions. The doctor incurs a fine if he does not offer these services but the patient has the right to decline this offer.

Another critical development of late is that patients – even those not critically ill – will be pressured to sign a "Do Not Resuscitate" order in the event of life-threatening complications,

R"l.

Probably the most frightening news, said Rabbi Lefkowitz, is that mortality rates will become the new criteria by which hospitals are rated. This means that the more people who die in a particular hospital, the more negative a rating it will receive. As an example, if a hospital patient's condition worsens to the extent that transfer to the ICU is warranted, his case is evaluated before this takes place. If the evaluators feel it is likely he will recover there, he will be granted admittance. If they posit the reverse, the recommendation is made that the patient be discharged, thus depriving him of possible life-saving treatment.

These developments indicate a new direction on the part of the medical world; the Chayim Aruchim project is working to respond to the accompanying issues, utilizing halachic guidance and, if need be, legal intervention.

Dr. Russell K. Portenoy followed with a discussion of the issues from a medical perspective. He noted that there are varying views on the new legislation, including that of one medical group whose members believe that the law constitutes an intrusion into the patient-physician relationship. Another concern is that it may be misused to increase malpractice claims, thus leading physicians to refrain from providing necessary clinical intervention.

Dr. Portenoy went on to discuss palliative care, a therapeutic approach whose objective is to relieve the "burden of illness" – its pain and stress for patients



Harav Yaakov Weiner

and their loved ones.

He listed several domains of palliative care – the physical domain, which is impacted by factors such as pain; the patient's psychological well-being, impacted upon by factors such as depression and anxiety; one's social well-being, which is affected by factors such as relationships; and a patient's spiritual well-being.

The doctor said that palliative care is also concerned with those nearing end of life, although it is not limited to that stage.

Dr. Portenoy discussed several other issues, including the question of using palliative sedation

(use of sedative medications to relieve extreme suffering for patients believed to be near the end of life, with the goal of impairing consciousness sufficient to relieve suffering) which, while not intended to shorten life, may do so. He also discussed double effect, which means an action with a desirable outcome linked to a foreseen undesirable outcome is taken where the intent is to achieve the former. To illustrate the issues at hand, Dr. Portenoy recounted a number of case studies and relevant data.

Following Dr. Portenoy's presentation, Harav Zvi Ausch and Harav Yaakov Weiner presented a halachic perspective of the issues.

Rav Ausch explained that, as a rule, each case needs to be evaluated by a Rav on an individual basis, based on the data available and information provided by doctors. Utilizing any intervention that can possibly shorten life is very questionable; the data needs to be examined beforehand by a *posek*. Extremely severe pain is a major factor in making this determination.

Withholding of treatment, even in those areas in which stud-



Rabbi Shmuel Lefkowitz

ies show that such an approach produced better results than when treatment was provided, is highly questionable. *Dinei nefashos* are at stake and therefore input from leading specialists in that field needs to be furnished to a *Posek*, who will evaluate the medical facts and issue a *psak* as to which course of action to take.

The Rav pointed out that since sedating a patient in an end-of-life scenario would prevent him from reciting *Krias Shema* or *Viduy* or other appropriate *tefillot*, whose recitation would be a great source of *zechus* for him, it would be advisable to apprise the patient of these spiritual benefits if he is liable to choose the sedation option.

Discussing hospice care is often dependent on the particular patient. For example, regarding a younger patient who has hopes of recovery, it may be inadvisable to bring up such issues, since it is possible that the morbidity of such discussion alone could play a role in shortening life.

Rav Weiner averred that a pivotal halachic principle that

underlies these issues is the aim of extending life, as opposed to shortening life. Pain control, when it serves to extend life, may be an issue of *pikuach nefesh* that may, in fact, override Shabbos.

He echoed Rav Ausch's comments on the withholding of life-sustaining procedures, adding that *halachah* mandates that nourishment and hydration of the patient must continue; there is no difference if the feeding is of a natural or artificial nature.

He also commented on double effect, which implies that a drug is administered to a patient with the intention of reducing pain but it is probable that it will shorten life. Rav Weiner said this approach is halachically unacceptable, citing a *teshuvah* in *Igros Moshe. Halachah* in this area focuses on the outcome, not the intention.

In administering medications, it is necessary to take into account the element of risk involved in addition to the benefits. To illustrate, he cited a case of a lung cancer patient who was gasping for breath and the only way to ease his situation and prevent certain death was to give him a high dose of morphine. There was no surety as to what the morphine would accomplish as far as maintaining or extending life. Hagaon Harav Yosef Shalom Elyashiv, *shlita*, ruled in this case that since pain management serves to extend life and since it was determined that withholding the morphine would shorten life, the morphine could be administered.

Of course, each situation must be considered individually by a *Posek*, weighing the risks against the benefits.

Rav Weiner's remarks were



Dr. Russel K. Portenoy

followed by open discussion on the topic among the presenters and the attendees at the program.

The second afternoon session addressed the *halachos* of returning from an emergency on Shabbos. After an introduction by Harav Weiner, a *sefer limud* took place in preparation for a *shiur* by Harav Hersh Heilpern.

For information on Chayim Aruchim, call 718-535-9061.

Halachic decisions involving medical and end-of-life issues need to be made in consultation with a competent Rav; no assumptions in this area should be made based on this article.