

HAMODIA

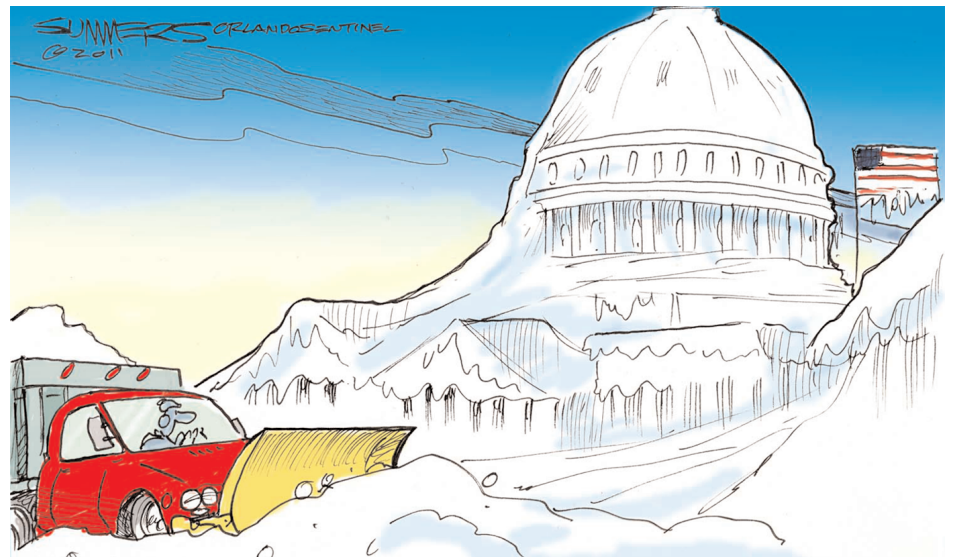
207 Foster Ave. Brooklyn, NY 11230
T. 718.853.9094 F. 718.853.9103

Founded in 1950.
Founding editor Rabbi Y. L. Levin, zt"l

Published Monday-Friday
(except for the week of Pesach and the week of Sukkos).

Hamodia does not assume responsibility for the kashrus or reliability of any product or establishment advertised on its pages. We reserve the right to reject, edit or correctly classify any advertisement for any reason. Acceptance of an ad does not guarantee its publication. We shall not be held liable for non-publication of any submitted advertisement.

Due to the *divrei Torah* contained herein, the paper should be treated appropriately when being discarded. All rights reserved. © Reproduction by any means without written permission from the publisher is prohibited.



D.C.'S FULL-TIME OCCUPATION: SNOW JOB REMOVAL.

LETTERS

Keeping Up With the Times, Halachically

Hamodia has reported the TSA's recent imposition of full-body screening and/or aggressive pat-downs of passengers at U.S. airports. Yet I do not believe there has been any serious discussion about the appropriateness of these measures from a halachic perspective. Our community strives to be assiduous in *shemiras hamitzvos* and must frequently address the challenges new technologies create for the *frum* public. To date, we have not focused on the halachic implications of these draconian travel restrictions.

How does full-body scanning fit with the laws of *tznius*? What images are produced by the scanners? Who has access to them? Even if scanners are equipped with software to protect, in some small measure, the privacy of passengers, how secure are those safeguards? What is the protocol for pat-downs? Who administers them? Where are they done? How invasive are they permitted to be? Gender issues? What impact will radiation exposure have on our health? And so on...

We have a sacred responsibility to investigate and seek halachic direction and guidance as to how to proceed. As a start, the national Orthodox rabbinic leadership

ought to meet with John Pistole, TSA Administrator, to find out the parameters and methods of implementation of these new regulations. Then our *Gedolim* could be in a position to *pasken* on the *she'eilos* raised. True, the outcome of inquiry might be unpleasant — perhaps air travel will no longer be acceptable, except under extenuating circumstances — but that should not stop us from finding out the facts and reaching the proper halachic conclusions.

This is not a matter of convenience, but of maintaining our Torah standards in the face of a new and problem-creating reality. The secular world is rightly showing concern about the Constitutional and health implications of these new measures. These points are certainly legitimate. For our part, should we not be pursuing our unique halachic mandate with at least the same intensity of purpose?

Rabbi Daniel Greer
Menahel, Yeshivah of New Haven
New Haven, CT

Ed. note: Please see Agudath Israel's related opinion on page D31.

The Man Behind *Peninim Al HaTorah*, Living Memorial

I read with great interest the article about Rav Dessler and the Hebrew Academy of Cleveland. As a former Cleveland and an Academy alumnus, I was happy to see the school get its due respect as a leader in Jewish education.

However, the article does not give recognition to a person whose accomplishments are mentioned in it.

The person behind *Peninim Al HaTorah*

and The Living Memorial project is my *rebbe*, Rabbi A. Leib Scheinbaum. Rabbi Scheinbaum has been writing the *Peninim* for 20 years, and has worked tirelessly on the Living Memorial project along with a great group of people. I think that it's only proper to mention him in discussing these great achievements.

NL

Refurbishing Jewish Cemetery

It was with great pleasure that I read your recent article about the life of Reb Menachem Mendel of Visheve. I would like to add a footnote.

My family has undertaken the costly project of refurbishing the Visheve *beis hachaim*, with its 1300-1500 *matzeivos*. Many illustrious people are buried there. (At his *petirah* Reb Menachem Mendel was buried there as well, though after the war his *aron* was moved to Eretz Yisrael.)

Last summer most of a new concrete fence was installed, and 200 *matzeivos*

received new cement foundations. This past November, work commenced clearing the remaining underbrush. We would like to complete the restoration of the remaining *matzeivos*.

For further information, please email us at aimprogram@aol.com. Tax-deductible donations may be made out to "Avoseinu" and sent to Chaim Bruder, 145 Mineral Spring Avenue, Passaic, N.J. 07055. Thank you very much.

C.Bruder

Hamodia welcomes letters to the editor but can only print submissions that come with a name, address and phone number. Names will be withheld upon request. Submissions can be sent to Hamodia via regular mail, or via e-mail to letters@hamodia.com. We reserve the right to edit letters.

EDITORIAL

Grappling With a Nightmare

It's a family's nightmare.

An elderly grandmother is hospitalized in critical condition. The much-adored bubby is no longer able to recite her beloved *Tehillim* or even communicate with her children. The doctors, having given up hope of recovery, are urging that a Do Not Resuscitate order be signed.

Family members are torn. On one hand they can't bear to watch their grandmother suffering, and they are tormented by the idea of putting her on a respirator. On the other hand, they are desperate to keep her alive, with them, in this temporal world.

Down the hall in the same hospital lies a *frum* man. He has fought tenaciously for years with what doctors insist on referring to as a terminal illness. As he drifts in and out of consciousness, his family and the medical team are grappling with similar questions: At what point should they stop giving him treatment that is causing him so much discomfort? Should he be placed on a feeding tube?

These issues are difficult to read about, and even more difficult to talk about. It is a depressing topic, one that we all *daven* should be only theoretical.

But it is a topic that must be addressed.

During the recent acrimonious debate surrounding the health-care bill, one oft-heard charge was that the bill would bring in its wake "death panels," bureaucrats who would decide, based on a subjective judgment of their "level of productivity in society," whether patients were still entitled to health-care treatment. "They are pulling the plug on Granny" was a rallying cry in the long but eventually unsuccessful attempt to block passage of the bill.

In reality, the clause referred to didn't call for any sort of death panels, but rather allowed Medicare to pay doctors to give consultations about end-of-life care. The clause was dropped from the law that was signed by the President, but the Obama administration has quietly accomplished the same intent by including it as part of a Medicare regulation.

The new rule says that as part of the routine annual examination, Medicare will cover "voluntary advanced care planning" to discuss end-of-life treatment. Doctors will be paid to provide information to patients on how to prepare an "advance directive," clarifying how aggressively they wish to be treated if they fall so ill that they can no longer make health-care decisions for themselves.

While this is a far cry from the "death panels" depicted by some of the administration's critics, some aspects of this regulation are cause for concern.

For one thing, having detailed discussions about end-of-life matters with elderly individuals or with the seriously ill could be harmful to their health. Even if it is approached in a tactful and sensitive way, talk of respirators, resuscitation, and feeding tubes could cause tension and depression. A patient may easily misunderstand and think his situation is far more dire than it really is, and that fear alone could bring the end closer.

In addition, it is crucial that all decisions in these areas are guided exclusively by *halachah*, and not by the personal — and often mistaken — beliefs of individuals, whether they are patients, family members or medical professionals.

As Mordechai Biser Esq., the Associate General Counsel of Agudath Israel pointed out in a formal comment on the regulation, the bottom line is that decisions involving withdrawing or not providing care and treatment are ethical and not medical decisions. Individuals should be free to make their own choices, rather than being pressured by doctors into making choices that conform to the doctor's personal preferences.

Every *frum* Yid, regardless of age or medical condition, ought to fill out a *Halachic Medical Directive*, a document prepared by Agudath Israel of America. On this form, to be signed by the individual and two witnesses, one names an agent who will make medical decisions on his or her behalf in the event of incapacitation. The form specifies that all end-of-life and post-mortem decisions will be decided according to *halachah*, and leaves space for the name of the Rav who is to be consulted.

Signing a directive that differs in content and direction from the halachic one could have disastrous consequences. Halachic questions regarding the end of life are complex, and call for a comprehensive understanding of *halachah* as well as medical terminology. For instance, where there is a halachic obligation to resuscitate, the premature signing of a DNR order can be tantamount to taking a life. In other situations a DNR order may be appropriate. Only a competent halachic authority can guide patients' families.

A family member or close friend should be appointed to act on behalf of the patient, someone who is familiar with medical terms so he knows how and what to ask the *posek*.

Agudath Israel has announced a new project, Chayim Aruchim, to assist individuals and families facing difficult end-of-life challenges.

A joint effort of *askanim*, attorneys, and prominent *Rabbanim* with expertise in this field, Chayim Aruchim is a center for culturally sensitive end-of-life advocacy and counseling. It works with health-care providers to ensure that decisions are implemented in accordance with *halachah*, and can put the family in touch with knowledgeable *poskim*. If a hospital says it can no longer help the terminally ill patient, Chayim Aruchim will help find a setting in the New York area that will.

This resource will be of great assistance and comfort for those who may need it.

Please be aware that there are people in our community with no immediate family; distant relatives and even acquaintances have to provide care and guidance. We cannot rely on the assumption that "someone" is taking care of it ("someone" may be making the same assumption about you!).

May all the ill merit a full recovery, and may all of *Klal Yisrael* merit good health and happiness.