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Aging and the aged in Jewish law

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QUALITY OF LIFE AND EUTHANASIA

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QUALITY OF LIFE AND EUTHANASIA

Walter Jacob

QUESTION: Does Jewish tradition recognize the "quality of life" as a factor in determining medical and general care to preserve and prolong life? I have four specific cases in mind. In the first the patient is in a coma, resides in a nursing home and has not recognized anyone for several years. In the second, the patient is in a nursing home, completely paralyzed and cannot speak or make his wishes known in any way. The third is a victim of a stroke, sees no hope for recovery or even major improvement, wishes to die and expresses this wish constantly to anyone who visits. The fourth is slowly dying of cancer, is in great pain and wants a prescription which will relieve her of pain but will probably also slightly hasten death. All of these patients are in their early eighties; none is receiving any unusual medical attention. Should we hope for a new medical discovery which will help them? (Rabbi R. H. Lehman, New York, NY)

ANSWER: The considerations which govern euthanasia have been discussed by the Committee in a recent response (W. Jacob, *America Reform Responsa*, #79, 1980). The conclusion of that responsum stated:

We would not endorse any positive steps leading toward death. We would recommend pain-killing drugs which would ease the remaining days of a patient's life.

We would reject any general endorsement of euthanasia, but where all 'independent life' has ceased and where the above-mentioned criteria of death have been met, further medical support systems need not be continued.

The question here goes somewhat further as we are not dealing with life-threatening situations, but with the general question of prolonging life when its quality may be questionable. In none of these situations has any current extraordinary medical attention been provided. In two of the cases the cognitive and/or communicative ability seems to have ended. In the third there is a strong wish for death. In the fourth, the primary concern is relief from pain. Let us look at each of these cases individually.

For the patient in a coma and the one completely paralyzed and unable to communicate, a segment of the brain which provides intelligence seems to be damaged beyond repair. Judaism does not define human life only in terms of mental activity. Every person has been created in the image of God (Gen. 1:26), and so even those individuals who may be defective, i.e., the retarded, the blind, the deaf, the mute, etc., have always been considered as equally created in the image of God; their life is as precious as any other. It is necessary to guard their life and protect it just as any other human life. This is also true of an elderly individual who has now lost some of her mental ability or power of communication. In fact, we owe a special duty toward these individuals who are weak and more likely to be neglected by society just as to the orphan, the widow and the poor (Deut. 14:29, 27:13; Jer. 7:6; Isa. 1.17; *Shab.* 133b; *Meg.* 31a; *San.* 74a; *Yoma* 82b).

Let us turn to the individual who seeks death and constantly reiterates his wish to die. Although some rabbinic authorities feel that neither an individual nor his family may pray for his death (Haim Palagi *Hiskei Lev*, Vol. I, *Yoreh Deah* #50), most of our tradition would agree that a person may ask God to be relieved of suffering. The decision, of course, lies with God. A servant of

Judah Hanasi prayed for his release (*Ket.* 104a). Other ancient authorities pointed to similar examples (*Ned.* 40a and Commentaries). We would, however, discourage the individual from such prayer and rather seek to encourage a different attitude toward life. The growing field of psychology for the aged has succeeded in developing a variety of techniques for dealing with such long-term depression. We would encourage the family and the patient to utilize these methods or any other form of counseling and therapy available.

The individual who seeks relief from her pain should receive drugs which may help, even though they may slightly hasten death. As this is a very long-term process, the drug cannot be seen as actually causing her death. Suffering itself has never been seen as an independent good by Judaism. Even criminals destined for execution were drugged to alleviate their suffering (*San.* 43a). Similarly the executioner of the martyr Hanina ben Teradyon was permitted by him to increase the temperature and remove wool sponges from his heart in order to make death a little easier, though Hanina was unwilling to pray for his own death as his disciples suggested (*A. Z.* 18a). We would, therefore, see no objection to relieving the suffering of the woman who is dying from cancer and for whom the drugs are not life threatening.

It is clear that in each of these cases, and in others like them, we should do our best to enhance the quality of life and to use whatever means modern science has placed at our disposal for this purpose. We need not invoke 'heroic' measures to prolong life, nor should we hesitate to alleviate pain, but we can also not utilize a "low quality" of life as an excuse for hastening death.

SELECTED REFORM RESPONSA

We cannot generalize about the "quality of life," but must treat each case which we face individually. All life is wonderful and mysterious. The human situation, the family setting and other factors must be carefully analyzed before a sympathetic decision can be reached.

Walter Jacob, *Contemporary Reform Responsa* #83 (Central Conference of American Rabbis, New York, 1987).