Aging and the aged in Jewish law

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CPR AND THE FRAIL ELDERLY

Walter Jacob

QUESTION: When elderly patients in a nursing home or hospital are in need of CPR, is it advisable to initiate it among the frail elderly who are less likely to survive hospitalization subsequent to CPR than a younger person and who may, even if they recover, be more frail and debilitated with a poorer quality of life? Should the patient or the official representative of the patient be able to indicate whether CPR should be initiated? What should the policy of long-term care institutions be in connection with Jewish patients? Should we make a distinction between patients who are likely to survive a year or more and those whose life span will be less? (Rabbi Lennard R. Thal, Los Angeles, CA)

ANSWER: Traditional Judaism has been very careful about judgments of life and death. In earlier times and at the present, it remains difficult for the medical profession to predict the length of life. We have all seen cases in which the general prognosis is poor but the spirit or physical condition of the patient enables that individual to survive considerably longer. Furthermore, while some diseases rapidly take their toll among the elderly, others move much more slowly among them.

It is also virtually impossible to assess such matters as "the quality of life," and so Judaism has refrained from doing so. What might seem a very poor quality of life for some, may be acceptable to others. In addition, we must reckon with longer or shorter periods of depression that may strike such individuals either in the natural course of events or due to medication.

For these reasons and the general respect for life, we have made no judgments on "quality of life" and would not consider that as a factor in instituting CPR or any other medical measures.

We should make a distinction between the frail elderly and a *goses* (a dying individual). Nothing needs to be done for someone who is clearly and obviously dying and whose death is close. At that stage, we may not remove life support systems, but we also need not institute any procedures. There is a long tradition for allowing individuals not only a return to health but also a peaceful death.

Already in Talmudic times, the pupil of Rabbi Judah Hanasi stopped his colleagues' prayers so he could die more comfortably (*Ket.* 104a) and one may pray for death (Nisim Gerondi to *Ned.* 40a). In another instance, a servant stopped the chopping of wood as the rhythmic beat of the axe disturbed the passage of the individual from this world *(Seder Hassidim* #723).

The chief problem with a *goses* lies in the final stages when family, medical personnel, and hospitals may not know how to proceed and may fear legal or other consequences. This situation may be helped through some form of a "Living Will" which would describe the condition under which no further direct medical assistance should be provided. There are problems with the "Living Will," too. They have been described and discussed in another responsum in this volume. This is probably the best vehicle we now possess to deal with these issues.

The frail elderly should understand that they may amend or totally reject this document at any time. That is particularly important for individuals in a nursing home who may not have relatives nearby. In this way they will feel in control of their future rather than having the nursing home staff control their lives.

Under normal circumstance CPR should be given to the frail elderly if it can prolong their life. It should not be given to a *goses*.

Walter Jacob, #160 (*New American Reform Responsa, Questions and Reform Jewish Answers*, New York, 1992).