

End of Life issues and practices in Judaism – a brief overview

Jewish law does recognize two stages in end of life. The first is defined by a prognosis of about one year or less and the second is what health care providers working in end-of-life care would describe as “actively dying”.

Treatment may be refused if ineffective, futile, or may cause suffering or significant complications. Withholding is permitted if treatment will only delay the dying process and/or will not provide relief of pain and suffering. This may include: CPR, nutrition, hydration, antibiotics, surgery, and therapies. Specific views on other areas vary in different denominations of Judaism, including: a ventilator being withheld vs. actively removed (timers and other methods are currently being debated), withdrawing life support and other direct life prolonging interventions, and definitions concerning removing “impediments to death”.

Informed consent must be provided in a sensitive and thoughtful manner. There are some who believe that truth may be withheld from patients if that knowledge would be harmful to the patient.

It is an obligation to appropriately treat physical/mental/emotional/spiritual pain and suffering. In the face of intractable pain and suffering, other treatments may be withheld and impediments to death may be removed.

Most Common Jewish Identification Categories

Orthodox	Observe Jewish law and tradition. Accept a Rabbi as the religious authority and interpreter of Jewish law.
Conservative	There is a wide variation in level of observance of Jewish law and tradition. A Rabbi is more of an advisor than an authoritative resource.
Reform	Jewish law and tradition are generally viewed as a guide with a wide range of individual practice. A Rabbi is an advisor and not an authoritative figure.
Other	Jewish identification among the non-Orthodox include, but are not limited to: Reconstructionist, Renewal, Humanistic, and Unaffiliated.

Jewish principles of end-of-life care are primarily focused on the patient and family, and involve shared decision-making based on the specific circumstances that the patient is in at the time, rather than on any absolutes. Most Jewish writers of End-of-Life issues agree that life should not be intentionally shortened. Intentionality here is often at debate among the different branches. For example, a palliative treatment intended to control or reduce pain may be allowed even if a side effect is to shorten life. However, under appropriate circumstances, every Jewish person who is terminally ill, should, under Jewish law, have the opportunity to have her/his/their life end as the life of Biblical Jacob did: with dignity, surrounded by family, with the opportunity to provide blessing and instructions those who come after, and to leave this world and enter the next in peace.