

Jewish Medical Ethics: Issues, Sources, and the Librarian's Role

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Introduction

This paper treats two aspects of Jewish medical ethics. The first is the delineation of topics that are the focus of current research, with references to the published literature. A large body of secondary sources in English has appeared since the late 1950s, but the Bibliography of Cited References covers primarily works written in English during the years 1982-1985. The Appendix includes a list of additional resources necessary for a collection serving the study of Jewish medical ethics. Secondly, the author discusses the roles of the librarian and of the library in facilitating access for the scholar to the materials which support his research.

Scope of the Field

The Bible serves as one of the earliest texts for the physician seeking guidance in the ethics of medical and surgical practice. Following the canonization of the Bible, the rabbis devoted a great deal of attention to matters of healing, as manifested throughout the 62 tractates of the Talmud, edited between 200 and 600 C.E. As the issues contained in the written and oral law continued to surface in the rabbinic responsa of the Middle Ages, the problems of medical practice assumed importance for Jewish scholars, many of whom had chosen the profession of medicine. The most famous Jewish physician, Maimonides, dedicated his life to the service of the Vizier in Fez and

Cairo, also attending to the local Jewish communities and publishing numerous tractates still valued for their insights on medicine and Jewish law. As the centuries passed, famous codes, such as the *Shulhan Arukh* (1535), served to classify Jewish law. Such legal classifications, along with earlier Jewish literature, serve as vital sources for Jewish medical ethics.

Today, a monumental body of written law, codes, and treatises exists which documents the approach of Judaism to medicine. As technology advances, innovations in medicine affect the Jewish physician and rabbi, the arbiters of Jewish law. A great body of religious responsa (*she'elot u-teshuvot*) has arisen which attempts to

Kahane (Continued)

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reconcile innovations in medicine with the Torah, Talmud, and established interpretation of Jewish law.

Investigations of the relationship between medicine and Judaism have covered almost every facet of both the art of healing and Jewish law. Scholars involved in the development of this field face the challenge of mastering scientific concepts and legal issues simultaneously; their research also depends upon intimate knowledge of two ancient languages, Hebrew and Aramaic. The librarian who desires to aid such scholars faces especially difficult challenges, i.e., proficiency in the sciences, in Judaic and secular jurisprudence, in languages, and, most importantly, adopting modern methods of bibliographic control.

Current Issues in Jewish Medical Ethics

The Physician-Patient Relationship

Intrinsic to the whole field of medical ethics is the relationship between the patient and the physician. Scholars continue to discuss the sources found in religious texts which allow the physician to tend to his patient (Rosner, 1983, p. 225–227). The precedent for medical practice, especially the command to provide aid for someone who faces immediate demise appears in Exodus (21:18–19) and again in the Talmud (*Tractate Baba Kamma* 85A). The Ramban, Nachmanides of thirteenth-century Spain, interprets the verse from Leviticus 25:36, "And your brother shall live with you," as providing for the care for one's fellow man even in the absence of mortal danger (Bleich, 1983, v.2, p. 55). Other relevant verses include "And you shall love your neighbor as yourself" (Leviticus 19:18) and "He shall live by them (Leviticus 18:5).

Although the physician accepts the responsibility for the welfare of those under his care, he acknowledges the role of G-d as the Supreme Being, and understands that the doctor must remain respectful of his patient, which is consistent with proper conduct towards one's fellow man. The physician treads the narrow line of retaining his objectivity while not losing his sensitivity for the sick. He not only considers the afflicted limb, but treats body and mind as one (Gordon, 1983, p. 247–8). The physician does not succumb to prejudice, nor does he refuse to treat on the basis of ethnicity or social stature. Furthermore, the doctor explains his diagnosis and solicits the permission of the sick prior to ministering his course of treatment (Gordon, p. 245–6). By assuming an open and compassionate posture with his patients, the physician fulfills the requirement of Jewish law for treating those in need.

Practicing Medicine on the Sabbath

Another major issue in the literature regards the proper manner in which the physician should conduct his studies and duties, yet simultaneously observe the Sabbath. Religious Jews may not perform any of the 39 labors which violate the Sabbath unless a person faces danger or the possibility of death (Rosner, 1983, p. 229–30). For instance, one may not typically operate a motor vehicle on the Sabbath, since starting the engine involves an act analogous to lighting a fire, but a physician may ride in a car to respond to an emergency call. The question that arises is: May the physician (or the emergency medical technician) who has responded to an emergency call on the Sabbath by riding to the hospital or site of

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the emergency return to the "point of origin" following the conclusion of the emergency? Three principles of Jewish law provide the answer to this question. First, based on the logic of Rabban Gamliel, a person may return to his starting point (i.e., place of departure), since proscription of his return would discourage his desire to perform the same act in the future (especially if the emergency occurred in an unpleasant place, quite un conducive to the spirit of celebration and rest required on the Sabbath). Moreover, the physician (and especially public service personnel) should return, since remaining at the site of the emergency may prevent a timely response to another emergency. Finally, the rabbis allow the individual to return on the Sabbath consistent with the Talmudic principle that once an individual starts an action on the Sabbath, that person may complete the action (Rosner and Wolfson, 1985).

Dissection and Autopsies

From the initial stages of his training, the

medical student experiences regular contact with the dead. As part of his education, a physician-in-training must dissect a cadaver in order to master the anatomy and physiology of the human body. Some rabbis interpret Judaic legal sources as proscribing dissection of only Jewish corpses, while others claim that anatomical study of both Jews and non-Jews violates religious law (Bleich, 1983, v. 2, p. 58). Rabbi Auerbach has postulated that dissection of a non-Jew does not transgress the law since, unlike Jews, non-Jews do not consider the immediate interment of the deceased mandatory (Bleich, p. 64).

According to rabbinic authorities, a physician may not dissect an expired Jewish patient, even if prior to his death the individual signed an agreement donating his body for medical research. The prohibition stems from a divine commandment forbidding "profit" from the dead. Jewish law recognizes G-d as the ultimate owner of the human body; thus man has no right to donate his body, since after death he no longer exists as a corporeal entity (Bleich, p. 60).

The pathologist who performs a post-mortem examination acts within religious law, providing the autopsy yields information that will serve another patient whose life stands in immediate danger, since Judaism proscribes autopsy for the purposes of basic medical research. In such cases, the physician should act with expediency and insure that any part removed from the body is returned with the corpse at the time of burial (Rosner, 1983, p. 236; Bleich, p. 57).

Obstetric and Neonatal Issues

Many topics in Jewish medical ethics relate to birth, as well as maternal and pediatric care. For instance, can the obstetrician's convenience and the hospital staff's schedule justify the artificial induction of labor during daylight hours? The rabbis prohibit induction of labor even for the purpose of avoiding the violation of the Sabbath. Jewish law recognizes the importance of the natural length of the pregnancy as vital for the development of the fetus. Moreover, according to the Talmud, the fetus occupies itself with the task of learning the entire Torah; thus shortening the pregnancy, by even a few hours, would interfere with the completion of this task (Bleich, 1983, v. 2, p. 84–85).

Unfortunately, many infants suffer congenital defects which promise serious misery, if not certain death, for the baby. Jewish law recognizes the fetus as possessing life which approaches, but does not equal, the value of human life. Thus the Talmud condones abortion, provided that an actual

danger or even the threat of a danger exists to the life of the mother. Such dangers include continuation of a pregnancy whose term might result in acute mental anguish for the mother or which presents the prognosis of renal or cardiac disease for the mother (Fineman, 1982; Rosner, 1983; Jakobovits, 1983b, p. 218). In addition, some rabbis sanction termination of the pregnancy up to three months after gestation if the child shows signs of retardation, and up to six months if tests provide positive proof of fetal defects (Fineman, 1982, p. 358–9). Other authorities permit an early abortion if the mother has suffered from German measles at the beginning of her pregnancy (Jakobovits, 1983a, p. 109).

Regarding Tay-Sachs disease, Jewish scholars continue to raise questions about the morality of pre-natal testing for the disease, amniocentesis, and abortion of the afflicted fetus (Gordon, 1983, p. 252; Franck, 1983, p. 194). Rabbinic authorities weigh each case separately and consider the amount of time that has elapsed since conception, and the severity of such a birth on the mother's mental health.

Recent literature in the field includes discussion of the management of the infant suffering from pituitary dwarfism. Typically, treatment of this disease dictates the use of Pituitary Growth Hormone (HGH), which doctors obtain from cadavers. If the baby faces grave danger, suggesting the possibility of death or severe disability, then the physician may obtain HGH from a cadaver despite the prohibition of profiting from the dead; however, if medicine derived from other sources, such as chemically synthesized hormones, can ameliorate the condition of the infant, then the physician may not use HGH from the pituitary gland of the deceased (Bleich, 1983, p. 64–68).

Surgical Issues

Some of the most frequently discussed issues in Jewish medical ethics relate to surgical intervention. In general, Jewish law forbids elective surgery for purely cosmetic changes. Thus, the woman who agonizes over the wrinkles on her face may not undergo plastic surgery, since her skin changes naturally with age. On the other hand, a physician may operate on an accident victim whose injuries have caused an unpleasant appearance, since without surgery, the patient may experience extreme psychological distress (Jakobovits, 1983b, p. 221).

The rabbis may also allow other types of elective surgery, including sex-change operations, if the patient desires a new identity and not sterilization (Brody, 1981, p. 9). A

more frequently encountered problem concerns older men in need of prostatectomy. Jewish law forbids any measure which renders an individual sterile, unless a danger exists. Removal of the prostate traditionally involved simultaneous vasectomy, which transgressed the biblical injunction against "cutting the cords." A man rendered sexually incapable is not permitted to experience contact with his wife or even stand alone in the same room as another woman, even when law forbids her to him. The discovery of antibiotics has enabled surgeons to discontinue vasectomy at the time of prostatectomy (Bleich, 1982, p. 262–263). Thus, the problem of sterility due to severance of the vas deferens no longer exists in prostate surgery, as advances in surgical technique have circumvented conflict with Jewish law.

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Pharmaceutical Issues

Jewish medical ethicists constantly endeavor to reconcile the requirements of health care and Jewish law. The laws of *kashrut* proscribe the ingestion of non-kosher drugs. Some drugs contain mixtures of meat and milk, or meat from the pig, or unacceptable species of seafood, and many drugs have gelatin of forbidden origin. Jewish scholars recommend avoidance of non-kosher gelatin by using drugs in tablet or powder form. Alternatively, the physician may administer the drug per rectum or intravenously, since Jewish law prohibits only the use of non-kosher drugs taken by mouth; however, if the physician does not know of any kosher form of a drug, and failure to take the drug may jeopardize the patient's health, then the physician may pre-

scribe non-kosher drugs and even administer them by mouth (Zimmerman, 1984).

The recent literature presents an example of the resolution of a problem which existed for those taking pharmaceuticals containing leavened substances on Passover (Zimmerman, 1984, p. 38). Many patients suffering from respiratory ailments need drugs which the rabbis consider unfit for Passover use. A survey of the *Physicians' Desk Reference* revealed a number of respiratory drugs lacking forbidden ingredients such as alcohol (Chusid, 1981, p. 525). The drugs deliver the same therapeutic effects as those normally prescribed for respiratory illness, yet pose no conflict with Passover dietary laws.

Fees for Medical Services

A current issue in medical practice regards the level of physicians' fees. As the price of health care has grown astronomically, and government intervention in the realm of medical practice increases, physicians face serious pressure concerning their fees. Contemporary Judaic scholarship underscores the obligation upon the patient to pay his medical bill, since failure to do so may discourage the physician from treating others in need of medical attention (Bleich, 1983, v. 2, p. 73). Jewish law does not counsel a physician on the rates he should charge to a non-Jew. The physician should remember that Jewish law sanctions the establishment of a fee structure based on the time and effort expended, but not for the "wisdom" possessed by the physician (Bleich, 1983, v. 2, p. 68).

The Roles of the Librarian and the Library

The librarian should recognize that in the field of Jewish medical ethics, scholarship occurs on several levels. The major investigations on current topics in medicine and their implications for Jewish law partially constitute a body of literature known as rabbinic responsa. The authorities whose writings make up the literature, such as Rabbi Ovadiah Yosef and the late Rabbi Moshe Feinstein, to name just two, answer questions posed to them by any member of the Jewish community who faces a practical problem. These scholars do not see themselves as publishing for the merits of academic prestige, but only to disseminate their interpretations of the written, oral, and codified law—and of other responsa. Many of these scholars possess such an intimate knowledge of Jewish sources and legal texts that exact pages literally stand at their fingertips. The librarian plays almost no part in this primary scholarship, since these scholars need not consult a library.

The librarian can, however, serve those writing for the secondary literature. These scholars possess not only Torah knowledge, but also a keen understanding of medical science. Still, they do not possess the recognition or even the acknowledged wisdom of the authors of the responsa. The librarian can use a variety of tools and sources to help these writers transmit the lessons of the responsa to journals of ethics, medicine, philosophy, and law.

Initially, the information specialist must familiarize himself with Jewish legal sources, the Aramaic and Hebrew languages, and the method of *piipul*—the logic of Talmudic study. He should establish a rich collection consisting of at least the Bible, the Palestinian and Babylonian Talmuds, and writings of the rabbis from the seventh century C.E. to the modern period.

A list of indexes and bibliographies appears in part II of the Appendix to this paper. These should provide background and basic sources in Jewish medical ethics. (Edith Lubetski's *Building a Judaica Library Collection* (Libraries Unlimited, 1983) is helpful in the process of collection development.)

A list of computerized information retrieval systems in the humanities and medicine which contain references on Jewish medical ethics appears in part VI of the Appendix. The Responsa Project, sponsored by Bar Ilan University (Ramat Gan, Israel) and Yeshiva University (New York), provides automated full text access to tens of thousands of pages of rabbinic writings (Choueka, 1980). Medlars and the various abstracting and indexing services available from Dialog Information Services and other online vendors provide access to the secondary literature. Many of the journals which contain a great deal of information on the subject elude bibliographic control on systems available in the United States. The librarian should therefore devise his own index for the articles found in the journals listed in the Appendix (part IV). Such an index exists both at the Kennedy Institute of Ethics (Washington, DC) and the Institute for Medicine and Judaism of the Yad Harav Herzog (Jerusalem, Israel). Most importantly, the librarian should keep up-to-date by consulting the Rephael Society's *Halachic Responsum* distributed by the Medical/Dental branch of the Association of Orthodox Jewish Scientists in New York. He should also correspond with those institutions conducting research in the field (see Appendix, part VII).

Conclusions

Jewish medical ethics encompasses such

a wide variety of topics that most reviews, including this one, cannot exhaustively cover every topic under current investigation. Given the current weaknesses in the bibliographic control of the field, the librarian may choose to investigate full text retrieval systems for basic sources such as the Talmud and Bible. He may also find time for automating his card file of references to journal articles. Such services will further scholarship in Jewish medical ethics.

Acknowledgments

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Appendix:

Additional Resources for a Collection on Jewish Medical Ethics

I. Primary Sources

- The Babylonian Talmud*. I. Epstein, ed. Oxford: University Press, 1938. 18 vols.
- Feinstein, M. *Igrot Moshe*. New York, 1959–1973. 5 vols.
- The Holy Scriptures*. Harold Fisch, ed. Jerusalem: Koren Publishers, 1977.
- Mikraot Gedolot: Hamisha humshe Torah im perushim vehosafot rabot*. New York: Abraham Isaac Freidman, 1970–1971.
- A New Concordance of the Bible: Thesaurus of the Language of the Bible, Hebrew and Aramaic, Roots, Words, Proper Names, Phrases and Synonyms*. Abraham Even-Shoshan, ed. Jerusalem: Kiryat Sepher Publishing House, 1983.
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II. Indexes and Bibliographies

- Bibliography of Bioethics*. Washington, DC: Kennedy Institute of Ethics, 1975.
- Bibliography of Society, Ethics and the Life Sciences*. Hastings—on Hudson, 1973–1979/80.
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VI. Databases

Dissertation Abstracts Online
University Microfilms International

300 North Zeeb Road
Ann Arbor MI 48106
Historical Abstracts
ABC-CLIO
2040 Alameda Padre Serra
Box 4397
Santa Barbara, CA 93140

Medlars
National Library of Medicine
Medlars Management Section
8600 Rockville Pike
Bethesda, MD 20209

Mideast File
Learned Information Ltd.
Besselsleigh Road
Abingdon
Oxford OX 13 6LG
England

Philosopher's Index
Bowling Green State University
Philosophy Documentation Center
Bowling Green, OH 43403

Religion Index
American Theological Library Association
Religion Indexes
5600 South Woodlawn Avenue
Chicago, IL 60637

VII. Institutes

Association of Orthodox Jewish Scientists
1373 Coney Island Avenue
Brooklyn, NY 11230

Falk Schlesinger Institute for the Study of
Medicine According to Torah
Shaare Tzedek Medical Center
Bayit Ve'gan
Jerusalem, Israel

Institute of Halakhah and Technology
1 Hapigsa Street
Bayit Ve'gan
Jerusalem, Israel

Institute for Medicine and Judaism
Yad Harav Herzog
Mount Herzl
Bayit Ve'gan
Jerusalem, Israel

Kennedy Institute of Ethics
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