

The Rabbinical Council of America
Halachic Guidelines to Assist Patients and their Families
in Making “End-of-Life” Medical Decisions
As of August 10 2009

This document is intended to provide general halachic guidance to patients and families involved in making difficult medical decisions that frequently arise at the end of life. It is not intended as a source for halachic decisions, nor is it a substitute for the essential dialogue among patients, families, rabbis and doctors. **All end-of-life issues and questions should be presented to a Halachic authority, preferably, when possible, before they become urgent or emergency decisions.**

1. What are Advance Directives?

Advance directives are guidelines about one's preferences for care in advance of a possible catastrophic event or change in one's mental capacity. The objective of these directives is to provide a person the opportunity to direct their care and share their preferences for treatment even if they are no longer able to participate in the decision-making process. Examples of such circumstances include stroke, coma or dementia.

There are two legal vehicles, or advance directives, that are used to facilitate decision-making when patients are not capable of making them. Both of these documents are used **only** in cases where the patients are deemed to be incapable to make their own decisions.

Living Will

This document details what to do in specific medical scenarios. Patients decide, in advance, which specific treatments they would request or refuse in each scenario.

Health Care Proxy

This document allows patients to choose an individual who will make decisions on their behalf in case they are unable to do so. While there are no case scenarios in this document, the patient can append specific requests to the document. In the ideal circumstance, the proxy should be intimately familiar with the patient's preferences for end-of-life treatment.

2. What is a halachic Advance Directive? How does it differ from similar documents?

While there are similarities in the nature of the forms, there are fundamental and profound differences between halachic and secular Advance Directives, especially the living will.

The ethical and philosophical underpinnings of secular Advance Directives are based on contemporary secular ethics. The halachic living will assumes adherence to the principles of the Torah as interpreted in the Orthodox tradition. Consequently, it is essential to consult with an Orthodox halachic authority to assure that Advance Directives are compliant with Orthodox tradition.

3. What is a Do Not Resuscitate (DNR) order? Is DNR ever permitted?

When patients with life threatening conditions are admitted to the hospital, they or their families will often be asked if they would like to sign a Do Not Resuscitate (DNR) order. This order means that if the patient's heart stops beating, or if they stop breathing, the medical staff will not initiate CPR or any life-saving maneuvers. Jewish law emphatically emphasizes the preservation of life, though there may be circumstances when a DNR order would be halachically appropriate.

As a word of caution, a DNR order can often be interpreted by the medical staff in a broader sense than intended. It may be perceived as an order to refrain from any aggressive therapy for the patient -- DNT, Do Not Treat. It is essential that the family clarifies their specific intentions and all limitations to the DNR order.

4. What is a Do Not Intubate (DNI) order? Is DNI ever permitted?

One of the treatments often utilized at the end of life is artificial (mechanical) respiration. The procedure for introducing a tube into the lungs, which aids in breathing, is called intubation. The tube is connected to a machine (called a ventilator, respirator, or life-support system). The family will be asked about intubation, either separately, or as a part of the DNR order. The medical indications for intubation are many and are **not** the same in every patient. As with the DNR order, there may be circumstances when it is halachically appropriate to withhold intubation.

If artificial respiration (intubation) is withheld, in accordance with the ruling of a Halachic authority, oxygen supplementation via face mask or nasal prongs can still be provided. Oxygen is usually considered basic care and should be provided to all patients for whom it is medically indicated.

5. Once a patient has been placed on life support, can it ever be removed?

In Jewish law it is forbidden to perform an act that will directly result in the death of the patient. Therefore, removal of a respirator, when it will directly result in the patient's immediate death, is unequivocally prohibited. However, respirators are used for many reasons, and are safely removed in many situations. For patients at the end of life, it may be medically appropriate, in certain circumstances, to remove a respirator, as the respirator may not be required for the

patient's care. **This area requires the input of medical and halachic expertise, and one should proceed with great caution.**

6. How is nutrition delivered to terminal patients unable to take food by mouth? Must such "artificial" nutrition always be provided?

Certain patients with terminal conditions may be unable to eat normally and may require artificial methods to deliver nutrition and hydration. These artificial means can include the following:

Nasogastric Tube (NG tube) – This is a plastic tube that is inserted into the nose (or mouth) and passed into the stomach. This procedure has few complications. It is usually a temporary (days/weeks) measure for delivering nutrition and hydration. Water and specially formulated nutritional liquids can be administered through this tube.

Total Parenteral Nutrition (TPN) - This requires the placement of a catheter (thin tube) into one of the major blood vessels of the body. Only specially designed liquids can be instilled into this catheter. This can be used for prolonged periods, but is not a permanent method of nutrition. There are some potential complications associated with the insertion and maintenance of TPN.

Percutaneous Endoscopic Gastrostomy (PEG) – This is a tube placed directly into the stomach. The term "feeding tube" is used commonly to refer to this device. This requires a minor procedure (endoscopy) with sedation. There are some potential complications associated with the insertion and maintenance of a PEG. This *can* be a permanent method of nutritional delivery. Pureed foods and pulverized pills can be administered through the PEG.

While secular wills include the option to refuse nutrition and hydration, generally Halacha assumes that nutrition should be delivered to all patients. Halachic authorities consider nutrition to be essential, and generally recommend its provision to all patients, whether conscious or comatose. However, there may be circumstances when artificial nutrition and hydration may be discontinued, in accordance with Halacha.

7. Pain control and the use of morphine

Narcotic pain medications, such as morphine, are often prescribed for terminal patients to alleviate suffering near life's end. These medications which provide pain relief are also associated with rare complications that may potentially hasten a patient's death. The alleviation of pain and suffering is a mitzvah and should not be withheld out of concern for potential adverse effects. It is clearly halachically permitted for patients to receive narcotic medication, even when it may possibly hasten their death, when the following conditions are met:

- The intent is purely to alleviate suffering; *not* to terminate life.
- The dose of medicine is gradually increased as necessary to alleviate the pain.

8. If someone suffers from a terminal condition, such as cancer, and develops a secondary infection (e.g., pneumonia or urinary tract infection), must the infection be treated?

While Halachic authorities often require the treatment of secondary infections, there may be situations where treatment for secondary infections or complications may be halachically withheld.

9. Is brain death considered halachic death?

The definition of death, one of the most complex issues in modern medical Halacha, is beyond the scope of this document. There are different halachic opinions as to whether "brain death" constitutes halachic death, and correspondingly, how treatment should proceed in these cases. Even the performance of diagnostic tests for the diagnosis or confirmation of brain death should be discussed with a halachic authority. .

10. Is it permitted to be an organ donor (after death)?

From a medical and legal perspective, organs can be donated from patients who are alive and well (e.g. kidneys, partial liver donation); have sustained cardiac death (e.g. eyes, skin, bone and possibly kidneys); or are brain dead (e.g. heart, liver, lung and kidney). The halachic approach to organ donation is varied and complex, and beyond the scope of this document. Questions about organ donation both before and after death should be posed to a halachic authority.

11. Is an autopsy permitted?

While autopsies are generally prohibited according to Jewish law, there are rare cases when they may be permitted. Modified autopsies or postmortem imaging should be considered where possible even in these cases.

Conclusion

All end-of-life issues and questions should be presented to a Halachic authority, preferably, when possible, before they become urgent or emergency decisions. The above guidelines are intended to provide general information regarding the approach of a Torah observant Jew towards making difficult end-of-life medical decisions. They are not decisive, nor comprehensive. All end-of-life cases should be discussed with a halachic authority. We strongly encourage direct and candid dialogue among the individual, their proxy and their halachic authority prior to completion of the document. In addition, we urge revisiting health care proxy documents on a periodic basis to assure that they are current.