



# “Two Jews, three opinions”. The Divergent Specificity of Jewish End-of-Life Ethics

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## PROBLEM STATEMENT

Traditional Jewish end-of-life opinions are based on a very clear separation of life and death: death cannot be hindered, life cannot be prolonged. As biomedical technology has developed significantly during the last decennia, these opinions can become problematic. Confronted with the possibilities and challenges of modern medicine, contemporary Jewish end-of-life ethics shows both its specificity and its diversity.

Interdisciplinary research on religion, ethics and palliative care in the contemporary multicultural and multi-religious society has become one of the central research-axes of the Interdisciplinary Centre for the Study of Religion and World View. This project, “Religion and Ethics at the End of Life: A Comparative Research Among Elderly Jewish Women and Elderly Moroccan and Turkish Muslim Women in Antwerp” (2007-2011), is carried out in close cooperation with the Faculty of Religious Studies of Radboud University Nijmegen (The Netherlands).

## METHODOLOGY

This research project combines a theoretical and an empirical approach. In the theoretical part we review literature on Jewish end-of-life ethics and on ethical and religious opinions, attitudes and practices concerning illness and dying in Judaism. The findings will be compared with the results of an earlier research project on Islamic end-of-life ethics and Muslim opinions, attitudes and practices on this topic.

In the empirical part we will conduct interviews with elderly Jewish (n=20) and Muslim (n=20) women in Antwerp, Belgium. This poster presents the preliminary results of our literature review on the characteristics of Jewish end-of-life ethics.

## RESULTS

On the one hand we discover a specificity of Jewish ethics, which is halakhic (rabbis address Jewish religious law) and case-based. On the other hand we discover a diversity, which is intra-Jewish, as well as intra-denominational (Orthodox, Conservative, Reform).

We do however discover some specific (theological and methodological) tendencies in each of the three main Jewish religious movements. We illustrate their pattern of thinking very briefly with the debate on the withdrawal of life-sustaining treatment.

Orthodox	Conservative	Reform
Torah & Talmud are divinely inspired and revealed and are essentially unchanging and immutable.	Torah & Talmud are divine in origin, but are to an important degree shaped by human reception, transmission and interpretation.	Torah & Talmud are mainly the work of human hands.
Halakhah (= Jewish religious law) is the absolute divine norm for all Jews.	Halakhah is seen as a historically developed entity but plays a definitive and normative role.	Halakhah can offer guidance but has no binding authority.
When confronted with an ethical dilemma Orthodox Jews consult rabbis or poskim (halakhic specialists) who conduct halakhic analysis, which results in interpretations that become normative and binding.	The rabbi is a halakhic guide, who interprets Jewish law from a contemporary perspective. The Conservative movement promotes a balance between an individual's conscience and the rabbi's authority.	When confronted with an ethical question, a rabbi can give advice, but individual autonomy remains predominant.
Rabbi Bleich stresses the absolute sanctity of life and applies halakhic definitions of terminal illness in a strict way. Only in the case of <i>goses</i> (= dying person who is expected to die within 72 hours) therapy may be withdrawn, since the Halakhah mentions that what causes a hindrance for the departure of the <i>goses</i> ' soul may be withdrawn.	Rabbi Reisner broadens the halakhic definition of <i>goses</i> (= terminally ill person, even having a life prognosis of one year or longer). In this case therapy may be withdrawn. Rabbi Dorff even goes beyond the category of <i>goses</i> : he uses <i>terefah</i> (= an incurably ill person but not yet in the process of dying) as criterion and takes the interest of the patient into account. Futile treatment may be withdrawn.	Since there is considerable disagreement among Reform rabbis on the topic of withdrawing life-sustaining treatment, they state that the ultimate decision is in the hands of the patient (and the family).

## CONCLUSIONS

All reviewed studies make use of a halakhic methodology (rabbis consult and interpret Jewish religious law) when considering ethical dilemmas. They all refer to halakhic concepts, such as the halakhic definitions of the terminally ill (e.g. *goses*). Though our research confirmed the important diversity within Jewish medical ethics, this diversity is certainly not based on whether or not the Halakhah is taken into account.

The diversity consists in the way in which Halakhah is perceived, as essentially unchanging or as open to recontextualisation, as either binding or guiding. Our analysis thus reflects the divergent specificity of Jewish end-of-life ethics. The way rabbis deal with specific end-of-life decisions, such as the withdrawal of life-sustaining treatment demonstrates this characteristic of Jewish end-of-life ethics. Meeting this reality, we have to avoid statements such as “the Jews think” or “the Jewish opinion on...”.

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