

Jewish Perspectives on Everyday Medical Dilemmas







Life in the Balance

Dr. C. Everett Koop was surgeon-in-chief of Children's Hospital in Philadelphia and the lead surgeon of a distinguished medical team that faced a difficult, if not impossible, decision.

A set of newborn twins were conjoined from the shoulder to the pelvic region. They shared a single heart. They would both die unless surgically separated, but only one of the babies could survive. Is it ethical to perform such a surgery? Is it permissible to sacrifice one baby in order to grant the gift of life to another? If yes, which twin should be saved?

Dr. Koop told the surgical team: "The ethics and morals involved in this decision are too complex for me. I believe they are too complex for you as well. Therefore, I referred it to a rabbi on the Lower East Side of New York. He is a great scholar, a saintly individual. He knows how to answer such questions. When he tells me, I too will know."

Modern medicine creates many new ethical quandaries as it continually pushes the boundaries of what is medically possible. As life expectancy increases, almost everyone will encounter at some point an ethical dilemma in dealing with his or her own health or the health of a loved one

- Are we obliged to prolong life even at the cost of terrible suffering?
- Is a BRCA-positive woman obliged to undergo a prophylactic mastectomy and ovariectomy to avoid the risks of premature death?

May a woman with a multiple-fetus pregnancy opt for fetal reduction, forfeiting the lives of some to save others?

This course on Jewish Medical Ethics considers how modern medical dilemmas can be ethically resolved through thoughtful analysis of analogous cases that appear in the classical Jewish legal literature. By exploring these foundations, people of all faith communities, as well as those without any religious affiliation, can enhance their ability to understand the reasoning process that is involved in making modern ethical decisions. Participants in this course will discover a perspective that considers the welfare of both body and soul, that balances lofty principles with practical realities, and offers clarity for some of the most painful and confusing decisions.

A central aim of this course is to help medical professionals develop a greater sensitivity to how cultural norms and family traditions affect patients' interactions with the health-care system. This cultural sensitivity will enable medical professionals to better attend to patients of all backgrounds. In addition, this course will contribute to a greater understanding of the particular needs of patients who want their faith to influence their medical choices and allow for greater sensitivity to their concerns. A further benefit of this course is that it will provide physicians with a greater familiarity with the medical information needed by religious clergy who wish to advise their patients on matters of Jewish medical ethics.

This course will be available for CME and CLE credit.



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Course Overview

Lesson One

An Ounce of Prevention: BRCA, Genetic Testing, and Preventive Measures

We all endeavor to take preventive measures and protect our health, but we often question whether we do enough. How do you draw the line between vigilance and panic?

In recent years, scientists started identifying hereditary gene mutations that are responsible for particular diseases. Certain mutations, called BRCA, are linked with significantly high risk of certain cancers, most notably, breast cancer and ovarian cancer. Women with a BRCA mutation have as high as an 87 percent chance of getting breast cancer and as has as high a 44 percent chance of developing ovarian cancer. To protect against these hazards, several preventive options are available. Surveillance can detect the cancer in its early stages when it is possible to be treated effectively. The drug tamoxifen can be used to reduce the breast cancer risk. Some have opted for a bilateral mastectomy and an oophorectomy.

Sadly, the instances of BRCA mutations are statistically higher in Ashkenazi Jews. This brings us to the following questions: If a woman were BRCA-positive, would any preventive measures be considered obligatory? Would Jewish law oblige women to test and determine if they are BRCA-positive so that they can know if they need to engage in prophylactic measures?

We care for our health because we desire longevity and a better quality of life. Jewish philosophy would add that it is a duty to do so. But how far is one required to go in achieving this end?

This lesson explores Jewish perspectives on preventive medicine and public health. It will raise awareness about an important health matter and may potentially save lives.

Lesson Two

End-of-Life Dilemmas: Prolonging Life vs. Prolonging Death

Resuscitate? Do not resuscitate? How does one decide what to inscribe in a living will? The value of life is immeasurable, but is the same true for its increments? Perhaps the medical advances some see as life-supporting are in fact just death-prolonging?

It is common, today, for people to express advanced directives about whether they would prefer living at all costs, or whether they would rather be left to die in peace. Others appoint a health-care proxy to act on their behalf if they are one day unable to express their own wishes. How can one issue advance directives that are in consonance with Jewish values?

This lesson discusses the important end-of-life decisions that everyone needs to make today and offers Jewish perspectives on dying with dignity.







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Lesson Three

Complications in Pregnancy: Aborting One Life to Save Another

It is becoming more common for women with multiple-fetus pregnancies to undergo fetal reduction for financial reasons and other non-health-related concerns. Even after *Roe. v. Wade*, some question the ethics of such a decision. What would Jewish law say? Is the fetus considered a life?

Often, couples with multiple-fetus pregnancies are medically advised to reduce the number of fetuses in order to save a high-risk pregnancy. If no action is taken, the entire pregnancy may be lost. May we end the life of one or two to save the lives of many?

Can we compare this dilemma to the age-old lifeboat conundrum? May some passengers be thrown overboard to save an overloaded boat that will otherwise sink? Is there a difference in this regard between fetuses and born human beings?

This lesson discusses Judaism's view on the status of the fetus and the ethics of choosing one life over another.

Lesson Four

Sanctity in Death: Autopsy and Medical Dissection

All acknowledge that life is sacred; Jewish sources add that there is also sanctity in death. Therefore, in Jewish law and custom, a corpse is handled with reverence and interred as soon as reasonably possible.

But a human cadaver can be very valuable to medicine and humanity. It can be examined to learn about the cause of death and the nature of disease. It can aid in exonerating the innocent or convicting the guilty. It prepares the next generation of health professionals, helps scientists judge whether advances in technology are safe, and ensures a high standard of care at our medical institutions.

Many states allow medical schools to use unclaimed cadavers for anatomical dissection. Is this ethical? Is there an allowance in Jewish law to voluntarily donate one's body to science? Is it ever moral to perform an autopsy over a family's objections? When would Jewish law encourage that a postmortem be performed? Is there a difference if the autopsy is limited and minimally invasive?

This lesson will examine how Jewish law balances the dignity of the dead with the needs of society.



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Lesson Five

Confronting the Organ Shortage: Should the Sale of Organs Be Legal?

Doreen Flynn has three daughters who suffer from a blood disorder that requires a bonemarrow transplant. Flynn challenged the National Organ Transplant Act, which forbids compensating an organ or bone-marrow donor, and sought to have the right to pay donors for the bonemarrow needed for her daughters. The U.S. Court of Appeals for the Ninth Circuit has recently agreed with her. Should the sale of bone marrow be legal?

What about the sale of kidneys? Currently, prospects for those in need of organ transplants are grim. For every 100,000 transplants needed each year, only 10,000 are performed. Permitting the sale of organs might significantly increase the number of organs available for transplant, potentially saving many thousands of lives.

But do we want to live in a society in which people sell body parts? Does that undermine human dignity? Some argue that if a market in organs were to develop, ability to pay would determine who would have access to organs, while economic need would determine who would be motivated to sell theirs.

Does the great life-saving potential of legalizing the compensation of organ donors override implications regarding human dignity and equity? Perhaps, there is a balance or viable form of regulation that would satisfy our conflicting moral values.

Lesson Six

No Uterus? No Problem: The Ethics of Uterine Transplants

A recent medical breakthrough provides a miraculous cure for want-to-be mothers. According to a Turkish hospital, Derya Sert became pregnant after being the first woman to receive a womb from a deceased donor; and Swedish surgeons say they have performed the world's first mother-to-daughter uterine transplant.

Until now, surrogacy has been the only solution for women without a healthy womb. But some women prefer to avoid using surrogates because of the legal quagmire that sometimes results. The uterus transplant, one of the most cutting-edge developments in reproductive medicine, offers a promising alternative.

But every innovation needs to be judged judiciously. Have researchers fully assessed the risk to both mother and baby appropriately, or are they rushing to be one of the first to offer it? Should much-needed funding and expertise be allocated to a procedure that is not life-saving and for which a viable alternative exists? Should our communities encourage women to donate and receive wombs?

The lesson addresses fascinating Jewish and ethical concerns surrounding this new advancement as well as other non-vital organs transplants and surgical procedures.