
What is a Good Death?

by Rabbi Gerald M. Kane

This article presents traditional and current Jewish thinking about the quality of life and the reality of death. Judaism's affirmation of life rests at the crux of any discussion about death. In Jewish biblical, liturgical and legal literature, death is presented and accepted in the course of life. The article concludes with a discussion of the difficult choices which patients, families and health care providers must make when death approaches.

I

Allow me to take you back to an age when people believed in the efficacy of prayer, when they would pray all night beside the bed of one who was mortally ill, confident that the Angel of Death could not cross the barrier of their supplications.

The scholar Rabbi Judah lay dying a terrible death, his body racked with pain. His disciples had gathered in the room next door, which was both their synagogue and their school. Here they prayed hour after hour for the recovery of their sainted teacher. No matter how much pain he was in, they still couldn't allow him to die.

Rabbi Judah had a maid who served him faithfully for many years. She saw her master become ill and witnessed his agony on a daily basis. In his hour of suffering the maid was deeply troubled.

While the prayers from the Rabbi's students and friends were keeping him alive, she prayed for his death. For as his primary caregiver she knew firsthand the pain which her beloved Rabbi was experiencing. You might say that the maid provided the type of hospice care which is carried on so well today.

After considerable thought she came up with a plan. As the students and friends continued their prayers for Rabbi Judah's life, she carried a large earthen jar to the roof of the building and threw it down to the ground causing such a noise that those inside were distracted and their prayers were interrupted. In that moment of silence, we are told, Rabbi Judah died, and the Talmud, the legal text reporting this story, praises the maid for her action.

Rabbi Gerald M. Kane, R.J.E., is rabbi and educator at Temple B'nai Jehudah, a Reform Jewish congregation in Kansas City, Missouri.

While I do not expect this article to be an "empty jar" to shatter the reader's academic tranquility, I do hope it will bring some thoughts about the quality of life and the reality of death into clearer focus. I wish to share reflections about choices that are in our hands as care providers and in the hands of the patients and families with whom we work, choices which must be made when we and they face what is perhaps life's most difficult challenge: coping with death.

When asked to think about "What is a Good Death?" I reacted in the way most people do to any discussion about death. Rather than confront the subject seriously and directly, I approached it with a mixture of fear and humor. What is a good death? It depends on who's doing the dying and who's ask-

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ing the question. A Woody Allen remark which I first encountered in the book *What Happens After I Die?: Jewish Views of Life After Death* by Rifat Sonsino and Daniel B. Syme (New York: UAHC Press, 1990) popped into my head: "I don't want to attain immortality through my work. I want to attain immortality by not dying." As is the case with many of Woody Allen's quips, there is a kernel of painful truth underlying the humor on the surface. Yes, despite our hopes for physical immortality, most of us finally arrive at a state of acceptance and resignation. Facing the inevitable, we shift the emphasis to the concept of spiritual immortality: the body dies, the soul lives on. In the words of the Reform Jewish liturgy, at the time of our death we hope to be remembered "in the acts of goodness we performed

and in the hearts of those who will cherish our memory."

What is a good death? To answer this question in a characteristically Jewish way, let us ask two additional questions: What is a good life? and What is the quality of life at the time of death? From a Jewish perspective, issues concerning life are at the crux of any discussion about death.

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In Jewish biblical, liturgical and legal literature death is presented and accepted in the course of life. There are instances of untimely deaths, tragedies which question one's faith such as David's loss of Absalom, but when a life is lived completely, death should be accepted with little rancor or disdain. For example:

Unto every thing there is a season and a purpose under heaven; a time to be born and a time to die (Eccles. 3:1-2).

When confronted with the apparently straightforward verse in Genesis,

The "life" of Sarah was 127 years; these were the years of the life of Sarah (23:1),

the Rabbis asked, "Why does the Torah, the central body of Jewish law, use the word 'life,' while the context discusses the details of Sarah's death?" The answer is simple, they concluded. Judaism affirms life. And the fact that Sarah lived a complete life is reason enough to focus on her life as opposed to the circumstances surrounding her death.

The vocabulary which accompanies discussions about death also reflects this philosophy. The words that describe a terminally ill individual specify activity and life as opposed to sickness and death. In fact, it is specifically forbidden to use words related to death when discussing a person who is still living. Jewish legal literature developed a special word to refer to an individual who is approaching death: *gossess*, literally "one who hangs on," and the laws concerning a *gossess* are the same as for people who are living. Even in descriptions of ceremonies related to what would transpire on one's "death bed," the rabbis would never use the word "death" (*met* in Hebrew).

The vocabulary is equally active in describing what takes place after a person dies. It is said that a person *ha-lach l'olamo* has "gone to his other world" as if going on a trip. Also, since Judaism has a concept of a soul which is eternal and never dies, the Rabbis said that a person's physical presence, *niftar*, "departed" at the time of death perhaps to return or perhaps not.

This attitude toward life and the direct responsibility which God takes in giving an individual the gift of life is best exemplified in the following prayer, a part of the traditional daily morning liturgy:

The soul which You, my God, have given me is pure. You created it. You formed it. You breathed it into me; You keep my body and soul together. One day You will take my soul from me to restore it to me in life eternal. But so long as this soul is within me I acknowledge You, Lord, My God, sovereign of all souls. Praised are You, Lord, who restores the soul to the lifeless, exhausted body.

The Jewish memorial prayer is called *kaddish*. It is recited by mourners at daily worship services. It is traditionally the first prayer which parents are supposed to teach their children so as to insure the con-

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tinuity of life from one generation to the next. With its repetitive sounds and marching meter, it at once pushes the mourner to accept the realities of this world and to move forward to a more productive place among the living, strengthened by the gift of blessed memories.

To better understand the sensitivity which Jewish tradition places on illness and death, let us examine several practices enumerated in the *Shulchan Aruch*, the Code of Jewish Law published in 1564, and which still serves as the authoritative code of day to day living for observant Jews all over the world.

1. It is a religious duty to visit the sick. Relatives and close friends should enter at once, others after three days. If the illness is serious, both groups can visit immediately.

Note the sensitivity which is expressed, along with the dignity accorded the individual who is ill.

2. Even a distinguished person should visit a humble one. The more one visits the more praiseworthy it is, provided that the visits do not become a burden to the patient.

Note that the patient's needs are taken into account.

3. One who visits the sick should not sit upon a bed or upon a chair or upon a stool, but should sit in front of the patient, for the Divine Presence rests above a sick person.

When there is no hope for the patient and death is certain, one should neither hasten nor prolong dying.

It is interesting to note the interaction between a visitor and the Divine Presence. The rabbis felt that God's presence served much the same therapeutic value as a human visitor.

4. One should not visit the sick during the first three hours of the day, for every patient's illness is alleviated in the morning, and consequently the visitor will not trouble himself to pray for the patient; and not during the last three hours of the day, for then his illness grows worse and one will give up hope for him.

This passage bears remarkable similarities to many current hospital visitation policies.

5. The sick person should be advised to look over his affairs and determine if he has any debts or credits outstanding. He should be reassured that this is only a precaution and does not mean he is about to die.

One might suggest that this recommendation indicates that the rabbis were predisposed to the concept of a living will.

6. One should not visit those who are suffering from diseases where a visit will cause the patient embarrassment or discomfort. If a person is so ill that conversation is a strain to him, he should not be visited, but instead one should stand outside the room and inquire about him, and offer whatever household or nursing help he may need, and sympathize with him and pray for him.

A patient's dignity is considered paramount.

7. When death draws near the person is advised to confess. And we reassure him. If he is unable to confess aloud, let him confess in his heart. If he does not know what to say, we instruct him to say: "May my death expiate all my sins." This is not done in the presence of women and children lest they cry and break his heart.

Many are surprised to learn that such "last rites" are prescribed Jewish practice.

8. One who is dying is considered a living person in all respects. We may not tie up his jaws, nor remove the pillow from under him, nor place him on sand, nor summon the town on his behalf, nor close his eyes before his soul departs. And whoever closes his eyes before death is regarded as a murderer. One may not rend garments nor make a lamentation for him nor bring a coffin into the house before he dies.

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9. When a person is about to die, one should not leave him so that he does not depart this life alone.

This is a precursor to the hospice movement.

One of the most frequent words in Jewish liturgy is the word *kadosh*, translated as "holy," "sacred" or "special." *Kiddushin*, taken from the same Hebrew root as *kadosh*, is the word for marriage. It represents a special and sacred relationship between two individuals. *Kiddush* is the name of the prayer recited over a glass of wine at the start of the weekly Sabbath and other festivals in the Jewish year. This represents the special relationship between God and the Jewish people. *Kaddish*, as we noted earlier, is the name of the prayer recited to memorialize one who has died. No mention is made of death in this prayer of holiness, indicating Judaism's affirmation of life and the sanctity of life.

Recognizing and protecting this sanctity of life even at the hour of death, Jewish law holds that nothing may be done to shorten a person's life.

When there is no hope for the patient and death is certain, one should neither hasten nor prolong dying. A person should be permitted to die in peace. The decision to terminate treatment should be made in consultation with the family, the clergy, the physician and the patient, if possible.

In terms of hospice care, we have seen indications of it in Jewish law. So it is no surprise that based on Judaism's attitudes concerning the sanctity of life and the dignity in death, coupled with a mandate for family involvement in all areas of life, Jews and organized Judaism have been pioneers in and strong supporters of the hospice movement.

To summarize Judaism's perspective, listen to the important mandate in Deuteronomy:

I call heaven and earth to witness against you this day: I have set before you life and death, blessing and curse. Choose life—that you and the generations after you may live (30:19).

II

As caregivers, before we can look after the lives of those who seek help in their approach to death, we must first ask, "What is the quality of my own life? Am I at peace and inner harmony, a state of wholeness?" This is the basic meaning of the Hebrew word *shalom*. A world in the state of *shalom* is one in which all the pieces fit together. It is a world in which swords have been beaten into plowshares and the lion has lain down with the lamb. In short, it is a world in which we have succeeded in building God's Kingdom on earth as best we are able.

Before we can play a role in resolving any crisis in the lives of others, we must resolve the crises in our own lives, to bring "the *shalom* factor" into play. We must make peace with our own apprehensions about dying and death before attempting to counsel others. What are we willing to change in ourselves so that we can help not only those who are dying, but also family members who must go on living. It is we who must be the role models, the teachers, the exemplars.

Where do we go from here? I suggest that we follow in the footsteps of Maimonides, one of Judaism's greatest thinkers who was also a doctor in the twelfth century. For many years he was chief physician to the ruler of Egypt and wrote extensively on many medical subjects. It is fascinating to compare the oath of Maimonides with the more familiar Hippocratic oath which was written in the fourth century before the Common Era.

While Hippocrates spoke in specifics and promised to "abstain from whatever is deleterious and mischievous" toward his patients and vowed "with purity and holiness I will pass my life and practice my art," there seemed to be an absence of empathy in his words. By contrast, Maimonides wrote, "May I never see in the patient anything but a fellow creature in pain." It appears that Maimonides identified more strongly with his patients than did Hippocrates and recognized the need to reach out and establish a more caring relationship.

We are caregivers and care-needers. We are walking down the same path as those whose lives we touch. To use Maimonides' words, we and they are "fellow creatures in pain." But with the tools which have been placed in our hands, and our own creativity and insight, we can make all the difference. We must work and walk together with our fellow creatures in pain, side by side, hand in hand.

How can this be best accomplished? Answers come from many sources. For some it can take the

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form of prayer. For others the method is meditation, relaxation therapy, or participation in support groups. Whatever means is most appealing, let us each take a good look inside ourselves and affirm who we are. Let us examine our own lives and reconcile our doubts and misgivings about our own finitude. Once we are comfortable with this awareness, let us carry it from our own hearts into our homes where we can share it with our families and those we love. Then, and only then, can we carry that attitude into our work place.

As I opened with a story, let me close with another (originally told to me by the noted Jewish storyteller Peninnah Schram). Once upon a time, a solitary apple tree was planted right in the midst of an oak grove. On each clear evening the little apple tree would look up into the heavens and admire the stars as they twinkled between the outstretched branches of the oak trees which surrounded her.

"Dear God, why can't I have stars in my branches?" the apple tree said. "Perhaps one day I

can grow to be so big and tall that the stars will twinkle from my branches!" And the apple tree was assured by the wind which rushed through her branches that her prayer would be answered.

Years passed and the apple tree grew, but so did the oak trees which surrounded her. And each year on those crystal clear evenings when the stars shone so brightly, the apple tree would yearn as she

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looked up to see the stars glittering through the branches of the oak trees which surrounded her.

The apple tree could take it no longer. She cried out, "When will the day come when I can have stars in my branches?"

Suddenly the clouds rolled in. The sky became full of wind and rain. The wind blew strong and hard. The rain beat down upon the tree. The full branches of the apple tree shook with such force that many red apples tumbled to the ground and split open. As the apple tree looked down the voice of the Divine answered: "Oh foolish tree! Why must you look outside for stars? All you need is to look within. You will find a star at your heart . . . within each of your fruit. Your brilliance is inside . . . all you need is to know it is there."

How many of us have failed to discover the beauty, the peace in our own selves? How many of us look for the strength to cope with difficult and sensitive issues solely by searching all around? Let us learn the lesson taught to the apple tree. We have the strength and nourishment and "stars" within ourselves to resolve the challenges placed before us. May we take the time to look inside and find them. In this process of self-discovery, we touch our own sparks of the divine.

Once we have discovered the stars within, may we use them to brighten our inner selves and the world around us which so desperately needs our light.

How Religious Values Affect Medical Care Decisions of Jehovah's Witnesses

by Cyrus DeWolf

Jehovah's Witnesses accept the Bible as God's Word, a sure guide in all areas of life. They are trained to use biblical laws and principles to make decisions, recognizing that obedience to God is necessary for His granting the gift of everlasting life. A scriptural view of life, death and the future of the earth leads Witnesses to value life and seek medical care. For religious reasons they refuse blood transfusions, but alternative treatment is available and effective. When there is a question about non-blood therapy, Hospital Liaison Committee members are available to assist Jehovah's Witnesses and medical personnel in finding appropriate treatment.

Health care professionals may feel challenged when a patient, because of his or her religious values, refuses some commonly accepted medical procedure. When a patient makes a steadfast decision

based on religious conviction, physicians and nurses may wonder about the proper response. Some believe that a patient can be influenced to change his position by applying sincere and determined pressure. But is this the proper way to handle patients, such as Jehovah's Witnesses, who have strong religious values?

Cyrus DeWolf is an elder in the Westport Congregation of Jehovah's Witnesses in Kansas City, Missouri, and serves as chairman of the Kansas City Hospital Liaison Committee for Jehovah's Witnesses.