

Moving Moribund Patients in the Emergency Room

Rabbi Shlomo Zalman Auerbach שליט"א

Several weeks ago the editor asked Rabbi Simcha Bunam Leizeron to clarify the halachic status of a moribund patient in the emergency room, where the patient's bed may block the passage of another patient, whose life threatening state requires that he be moved to another ward or to lifesaving apparatus. In the situation described, it would be impossible to move the second patient without moving the first bedridden patient.

The Opinion of R. Shlomo Zalman Auerbach

Rabbi Leizeron elaborated the question and presented it to R. S.Z. Auerbach. This is a translation of R. Shlomo Zalman Auerbach's response as he himself edited it:

Regarding the moving of a moribund patient (סוּוּ) in order to save the life of another patient, since it is of greatest importance to make every effort to try to save human life, it is permissible in such a case to move the hand or the bed of the moribund patient, with all due care. Even if considerable effort is needed to move the patient, since such movement is performed with the greatest of care, such handling is not the direct cause of death, and in any event there are only slight chances that it may accelerate death.

On the other hand, removing apparatus from the mouth or other parts of a moribund patient for use in another patient is prohibited.

* The original Hebrew text appeared in ASSIA 55 (December, 1994) page 34.

Determination of Death

Rabbi Moshe Feinstein שליט"א

Dear Assemblyman Miller:

I have reviewed once again all the data relevant to Assembly Bill 4140/A, a bill in relation to determination of death.

It is my carefully considered opinion that:

- 1) This bill as written is and has always been unacceptable.
- 2) Any bill defining death must contain the following clarification as I wrote in my responsum:

"The sole criterion of death is the total cessation of spontaneous respiration."

In a patient presenting the clinical picture of death, i.e., no signs of life such as movement of response to stimuli, the total cessation of independent respiration is an absolute proof that death had occurred. This interruption of spontaneous breathing must be for a sufficient length of time for resuscitation to be impossible (approximately 15 min.).

If such a "clinically dead" patient is on a respirator **it is forbidden to interrupt the respirator**. However, when the respirator requires servicing, the services may be withheld while the patient is carefully and continuously monitored to detect any signs of independent breathing no matter how feeble. If such breathing motions do not occur, it is a certainty that he is dead. If they do occur the respirator shall be immediately restarted.

I must emphasize that any bill which does not contain these criteria is unacceptable.

- 3) In the event that these specific requirements will not be incorporated in your bill, I strongly endorse and support the "religious exemption" clause in the Governor's Program Bill, a concept which is in keeping with religious rights and social ethics.

Rabbi Moshe Feinstein