18

Rabbi Moshe Feinstein on the Treatment of the Terminally Ill

Introduction

In March, 1986, a landmark statement regarding its policy on terminating treatment was issued by the American Medical Association's Council on Ethical and Judicial Affairs. It announced that physicians may ethically withdraw artificial feeding and hydration from terminal or permanently comatose patients, provided certain conditions are satisfied, including the accuracy of the diagnosis, the irreversibility of the coma, and the knowledge of the patient's wishes. The AMA suggests that the physician weigh the benefits to be gained from continued treatment, including nutrition and hydration, against the burdens of continued treatment.

The AMA is thus clearly on record as concluding that nutrition and hydration by intravenous lines or nasogastric tubes constitute medical treatment no different from antibiotics, transfusions, or other forms of medical intervention, including respirators or other mechanical means of life support, and that such treatment should be used only if it benefits the patient. Why the sudden "about-face" in our ethical, medical, and legal thinking? Where does one draw the line? Can oral feeding and hydration also be withheld from patients who are able to eat and drink? What about ice sucking or lip moistening? Why is the practice of withdrawing or withholding fluids and nutrition gaining support from bioethicists, physicians, nurses, and other health care providers? Why is this practice no longer considered to be morally objectionable? Why is this practice

no longer considered to be morally objectionable? Why is feeding a patient different from alcohol rubs, turning him to avoid bedsores, and other general supportive measures?

Is withdrawing nutritional life support a constitutional right of the patient and ethically justifiable, or is it an act of moral or legal murder by the hastening of the patient's death? Judaism views nutrition and hydration by feeding tubes or intravenous lines not as medical treatments but as supportive care, no different from washing, turning, or grooming a dying patient. This essay presents a Jewish approach to the treatment of the terminally ill as presented in the responsa of the renowned Rabbi Moshe Feinstein, with references to other rabbinic sources and responsa.

On purely philosophical or logical grounds one can argue that the denial of food and fluids to a terminally ill patient is not the same as the withholding of medical and surgical therapy.[1] First, the denial of food and fluids is biologically final in that it will certainly and directly lead to the patient's death, since survival without food and fluids is impossible, whereas life can continue without medication. Second, food and fluids are universal human needs, whereas modern medical and surgical therapy are not. Third, the doctor-patient relationship may be seriously harmed, since the patient's presumption is that physicians always aim to preserve life and never to induce death. Fourth, to permit physicians to deny food and fluid to patients who are capable of receiving and utilizing them directly attacks the very foundation of medicine as an ethical profession. Fifth, the denial of foods and fluids administered by "artificial" means is no different from such denials when food can be administered in a "normal" manner. The food that is provided is not transformed into an exotic medical substance by the simple act of pouring it into a gastrostomy tube. Sixth, the food and fluid given to a handicapped person or dying patient does not become medical therapy because another person is needed to provide it.

Classic Jewish Sources

To hasten the death of a terminally ill patient is prohibited in Judaism. The Talmud states that a terminally ill person (*goses*) is regarded as a living person in all respects.[2] One may not do any of the things customarily performed after the soul has departed, such as closing the eyes, for he who touches or moves the eyes of one who is dying is considered to have taken his soul. Other laws pertaining

to a *goses*, such as the preparation of a coffin, inheritance, marriage, and so forth, are then cited.

The Talmud also says that "he who closes the eyes of a dying person while his soul is departing is a murderer [lit. he sheds blood]. This may be compared to a lamp that is going out. If a man places his finger upon it, it is immediately extinguished."[3] *Rashi* explains that this small effort of closing the eyes may slightly hasten death. A famous talmudic passage is the story of Rabbi Chanina ben Teradion, whom the Romans wrapped in a Scroll of the Law (Torah) with bundles of straw around him which were then set on fire. The Romans also put tufts of wool which had been soaked in water over his heart so that he should not die quickly. His disciples pleaded with him to open his mouth "so that the fire enter into thee" and put an end to his agony, but he replied: "Let Him who gave me [my soul] take it away" but no one is allowed to injure himself or hasten his death.[4]

Maimonides reiterates the fact that a dying person is regarded as a living one in all respects and it is prohibited to do anything to him that might hasten death.[5] A similar pronouncement is found in Karo's famous code.[6]

On the other hand, thirteenth-century Rabbi Judah the Pious states: "If a person is dying and someone near his house is chopping wood, so that the soul cannot depart, one should remove the [wood] chopper from there."[7] Based on this ruling, Rabbi Moshe Isserles, known as *Ramo*, in his famous gloss on Karo's code, asserts that

> if there is anything which causes a hindrance to the departure of the soul, such as the presence near the patient's house of a knocking noise, such as wood chopping, or if there is salt on the patient's tongue, and these hinder the soul's departure, it is permissible to remove them from there because there is no act involved in this at all but only the removal of the impediment.[8]

Based on the aforementioned classic Jewish sources, Rabbi Immanuel Jakobovits, in his pioneering monograph on Jewish medical ethics, states

> that any form of active euthanasia is strictly prohibited and condemned as plain murder. . . . anyone who kills a dying person is liable to the death penalty as a common murderer. At the same time, Jewish law sanctions the withdrawal of any

factor—whether extraneous to the patient himself or not—which may artificially delay his demise in the final phase.[9]

Jakobovits is quick to point out, however, that all of the Jewish sources refer to a *goses* in whom death is imminent—three days or less in rabbinic references. Thus, passive euthanasia in a patient who may yet live for weeks or months is not condoned. Furthermore, in the case of an incurably ill person in severe pain, agony, or distress, the removal of an impediment which hinders his soul's departure, although permitted in Jewish law, as stated by *Ramo*, may not be analogous to the withholding of medical therapy that is perhaps sustaining the patient's life unnaturally. The impediments spoken of in the codes of Jewish law, whether far removed from the patient, as exemplified by the noise of wood chopping, or in physical contact with him, such as the case of salt on the patient's tongue, do not constitute any part of the therapeutic armamentarium employed in the medical management of the patient. For this reason, such impediments may be removed. However, the discontinuation of life-support systems which are specifically designed for and utilized in the treatment of incurably ill patients might be permissible only if one were certain that doing so would shorten the act of dying and not interrupt life.

Rabbi J. David Bleich has succinctly summarized the Jewish view of the treatment of the dying as follows:

> Any positive act designed to hasten the death of the patient is equated with murder in Jewish law, even if the death is hastened only by a matter of moments. No matter how laudable the intentions of the person performing an act of mercy-killing may be his deed constitutes an act of homicide. . . . In discharging his responsibility with regard to prolongation of life, the physician must make use of any medical resources which are available. However, he is not obligated to employ procedures which are themselves hazardous in nature and may potentially foreshorten the life of the patient. Nor is either the physician or the patient obligated to employ a therapy which is experimental in nature.
>
> The attempt to sustain life, by whatever means, is naught but the expression of the highest regard for the precious nature of the gift of life and of the dignity in which it is held.
>
> Only the Creator, who bestows the gift of life, may relieve man

of that life, even when it has become a burden rather than a blessing.[10]

The Teaching of Rabbi Moshe Feinstein

The most extensive discussion in the recent rabbinic literature of the treatment of the terminally ill is that of Rabbi Moshe Feinstein,[11] who, in the seventh volume of his famous responsa, *Iggrot Moshe*, states that, for a patient with pain and suffering who cannot be cured and cannot live much longer, it is not obligatory for physicians to administer medications briefly to prolong his life of pain and suffering, but nature may be allowed to take its course.[12] However, it is prohibited to give the patient any medication or do any act to hasten his death by even a moment. Pain-relief medications, however, should be administered even if the patient is not yet considered a *goses* where death is imminent.[13] A seriously ill patient with respiratory difficulties should be given oxygen, even if he can not be cured, because oxygen relieves discomfort, continues Feinstein.[14] There are times, however, when it is appropriate to pray for the death of a suffering dying patient,[15] when it is clear that prayers for his cure are of no avail, similar to the case of Rabbi Judah the Prince as described in the Talmud[16] and codified by Rabbenu Nissan.[17]

Rabbi Feinstein then discusses priorities in treating the terminally ill.[18] If a patient who is dying needs emergency treatment to relieve pain and suffering, and another patient, who is potentially curable, needs urgent treatment but only one bed is available, the potentially curable patient takes priority. However, if the incurable patient already occupies the bed, he should not be "bumped" in favor of the other patient, irrespective of whether either patient is paying for his own care. Rabbi Feinstein continues by saying[19] that priorities in Judaism are described in the Talmud.[20] In medicine, a physician should see the patient who calls or comes first, because the physician's obligation to him has already begun. However, if the second patient is sicker than the first, the physician should give priority to him. Similarly, if the physician is able to heal patient B but only to palliate A, he should care for B first unless A is in pain and discomfort, in which case he should first relieve the pain of A.

Rabbi Feinstein also points out that care must be exercised not to touch a dying patient unnecessarily, as discussed earlier in this essay, lest this act hastens the patient's death.[21] Many Jewish as well as non-Jewish physicians are either not aware of, or are not

concerned about, this prohibition, decries Feinstein. However, in Jewish law, hastening a person's death by even a moment is considered an act of murder, but touching the patient as part of his medical or supportive care is obviously not only permissible but mandatory.

Rabbi Feinstein then addresses the issue of a terminally ill patient who refuses treatment,[22] and he says that if such a one refuses to accept medical treatment for his illness because he has no faith in his physicians, one should seek out another physician in whom the patient does have trust. If none is readily available or if the patient refuses treatment because of discomfort or because he has "given up," one should attempt to persuade him to accept the treatment. However, if the coercion might distress him and worsen his condition, he should not be forced to accept the treatment lest the coercion harm him and even cause his death. Physicians should consider very carefully whether or not to force a patient to accept a treatment if it is highly likely that the treatment will be of no avail, especially if it is associated with some risk, albeit less risk than the illness itself.

If a patient of sound mind refuses life-saving surgery, such as an amputation, because he would thereby be left with a handicap, one should strongly convince, and even force, him to accept the surgery.[23] Although refusal of such treatment is not comparable to the prohibition of actively wounding oneself,[24] every patient is obligated to seek healing even if such healing includes major surgery.

If a patient is suffering from advanced cancer and cannot be cured, and medications can only prolong his life of painful suffering, he should be so informed and asked if he wishes to receive such medications. If he refuses, one need not administer them, because the prolongation of his life would be with suffering.[25]

The use of dangerous medications for the terminally ill is discussed by Rabbi Feinstein as follows: Although the danger of a medication may be far less than the danger of an illness, physicians should carefully weigh whether this is true not only for relatively strong patients, or for those with non-dangerous illnesses, but also for those who are gravely ill. Only if physicians know that the risk of the side-effects of a medication is minimal in a gravely ill patient, or that more than half such patients are cured, should they administer that medication, and then only with the patient's consent. Such difficult decisions should be discussed among, and be made by, a group of physicians and not by a single one.[26]

Palliative medication for the terminally ill is again described by

Rabbi Feinstein as follows: If physicians have no medication to heal a patient and no medication even to relieve his pain, but they do have medications that will briefly prolong the patient's life without relieving the pain, they should not administer such medications.[27] This position is clearly supported by Rabbi Moshe Isserles, cited earlier in this essay, who permits, and even requires, the withdrawal of any impediment to the departure of the soul even if one thereby causes the patient to die a little sooner. The reason is obviously because of the patient's pain and suffering, since if the patient has no pain, it would not be permissible to remove such an impediment.[28]

Rabbi Feinstein continues by saying that if there is no cure available for the patient's illness and no medication to relieve pain or to strengthen the patient, then none should be given. However, one should not rely solely on one or more physicians who claim that there is no medication available to help the patient. Rather, one should consult with other physicians, even if they are younger or less experienced, to seek out possible therapeutic approaches for the terminally ill, including medications to relieve pain and suffering.

Rabbi Feinstein further points out that the Talmud states that one may (or must) set aside the certainty of a patient living a short while without any medical intervention and undertake even a dangerous and life-threatening but potentially curative medical or surgical therapy.[29] Elsewhere, Feinstein had said that if the chances of success are about 50 percent, it is permissible, but if they are greater than 50 percent, it is obligatory to administer the medication or perform the surgery by the most experienced physician.[30]

If the patient refuses the dangerous therapy, one need not force him to accept it unless there is a better than 50 percent chance that the treatment may arrest or reverse the disease process. If the physicians are not sure of the chances for success, the decision is up to the patient. If the patient is a child or an adult who cannot decide for himself, the decision can be made by the parents or next of kin, respectively.

Thus, concludes Feinstein, major surgery should not be undertaken in a terminally ill patient unless there is a chance for cure, as in Ketubot 77b, where patients with *raatan* had their skulls opened to remove some kind of growth (lit. creeping thing).[31] This operation was very dangerous but necessary because of the potential for cure. In a case where physicians suggest a therapy that has a 40 percent chance of killing the patient, that does not mean that the other 60

percent are cured, and therefore it is prohibited to give such therapy unless there is a chance that the therapy may cure the patient; then it is permitted. If 60 percent (or even only 50 percent or fewer) are cured and 40 percent killed, it would certainly be permitted.

The treatment of an intercurrent illness in a terminally ill patient is addressed by Rabbi Feinstein as follows: If a patient with a painful incurable illness (such as metastatic cancer) develops an intercurrent illness which is treatable and often completely reversible (such as pneumonia or urinary tract infection), it is obligatory to treat the intercurrent illness. However, if the underlying incurable disease is very painful and the patient refuses additional palliative therapy, it is not obligatory to administer medications that will only prolong the life of suffering without any chance of cure. If the patient is unable to voice his own opinion in this matter, one can consult with members of the immediate family about what the patient's wishes would be if he were able to express them. Such decisions should be made in consultation with a competent rabbi and the most expert physicians.[32] Later, Rabbi Feinstein reiterates that a patient who has seven days or less of life expectancy and develops another life-threatening illness, such as pneumonia, *must* be treated for the pneumonia. One should not hesitate unless the therapy for the intercurrent illness might aggravate the primary illness.[33]

Finally, specifically addressing the issue of intravenous feedings for terminally ill patients, Rabbi Feinstein says that

> for an incurably ill patient who had difficulty breathing, I have already stated that one must give him oxygen to relieve his suffering. It is also clear that such a patient who cannot eat normally must be fed intravenously, since such feeding strengthens the patient somewhat even if the patient does not feel anything [i.e., is comatose]. Food is not at all comparable to medication, since food is a natural substance which all living creatures require to maintain life.[34]

The patient should be fed (orally or intravenously) only at the direction of the physician. However, one need not force-feed an adult competent patient if he refuses food, especially if he feels that the food might harm him. If a patient's perception is that something is harmful to him, and if, nevertheless, it is applied, it may be dangerous for him. However, one should try to convince the patient to accept, and not refuse, the physician's recommendation.[35]

Feinstein concludes that, even in the final stages, the patient

should be fed good things to maintain his strength for the little time that he has to live.[36] Every patient is benefited somewhat in his dying moments by maintenance of his strength. Thus, one must do all that is good for the patient (e.g., supportive care) including emotional support and pain relief and even the use of placebos to calm the patient's mind. This rule applies even to a very old man who becomes ill and claims that he has lived long enough.[37]

Elsewhere, Rabbi Feinstein permits a patient who will die without dangerous surgery to submit to the surgery even though it may hasten death because of the potential, however small, of the operation being successful, thereby adding years of life to the patient.[38]

Rabbi Feinstein also discusses the topic of the removal of life-support systems from a terminally ill patient.[39] A respirator or other life-support instrument may be removed only if it has been definitively established that the patient is dead, by criteria which Rabbi Feinstein previously cited,[40] including the absence of spontaneous respiration. If the intravenous injection of a radioactive isotope shows no circulation to the brain, including the brain stem, the patient can be considered to be physiologically decapitated, and if all other signs of death are present (e.g., no reflexes, absent caloric responses, flat electroencephalogram, etc.), the respirator may be removed. If the respirator has to be removed to allow the patient to be suctioned or to service the instrument, and if, while the respirator is disconnected, the patient shows no signs of life as above, including the absence of respiration, the respirator need not be reconnected because the patient is dead.[41]

Conclusion

Jewish tradition views death as inevitable and just. It differentiates between the body and the soul, acknowledging resurrection for the former and immortality for the latter. Jewish law requires the physician to do everything in his power to prolong life, but prohibits the use of measures that prolong the act of dying. The value attached to human life in Judaism is far greater than that in Christian tradition or in Anglo-Saxon common law. To save a life, all Jewish religious laws are automatically suspended, the only exceptions being idolatry, adultery, and murder. In Jewish law and moral teaching,

> the value of human life is infinite and beyond measure, so that any part of life—even if only an hour or a second—is of precisely

> the same worth as seventy years of it, just as any fraction of infinity, being indivisible, remains infinite. Accordingly, to kill a decrepit patient approaching death constitutes exactly the same crime of murder as to kill a young, healthy person who may still have many decades to live.[42]

Euthanasia is opposed without qualification in Jewish law, which condemns as sheer murder any active or deliberate hastening of death, whether the physician acts with or without the patient's consent. Some rabbinic views do not allow any relaxation of efforts, however artificial and ultimately hopeless, to prolong life. Others, however, do not require the physician to resort to "heroic" methods, but sanction the omission of machines and artificial life-support systems that only serve to draw out the dying patient's agony, provided, however, that basic care, such as food and good nursing, is provided.

Jewish teaching proclaims the sanctity of human life. The physician is given Divine license to heal but not to hasten death. When a physician has nothing further to offer a patient medically or surgically, the physician's license to heal ends and he becomes no different than a lay person. Every human being is morally expected to help another human in distress. A dying patient is no exception. The physician, family, friends, nurses, social workers, and other individuals close to the dying patient are all obligated to provide supportive, including psychosocial and emotional, care until the very end. Fluids and nutrition are part and parcel of that supportive care, no different than washing, turning, talking, singing, reading, or just listening to the dying patient. There are times when specific medical and/or surgical therapies are no longer indicated, appropriate, or desirable for a terminal, irreversibly ill dying patient. There is no time, however, when general supportive measures can be abandoned, thereby hastening the patient's demise.

Many legal jurisdictions and state medical and legal societies have enacted, or are considering the adoption of, guidelines on forgoing (i.e., withdrawing or withholding) life-sustaining treatment. The slippery slope has now reached the point where we are reclassifying basic supportive care such as fluids and nutrition as medical treatment to justify withholding or withdrawing it in certain cases. Where will the trend end? Will we soon consider active hastening of a person's death by a lethal injection to be acceptable legally and/or medically? At present, the courts have offered opposing rulings. Even if the courts legally sanction the withdrawal or withholding of

fluids and nutrition in some instances, legal permissibility is not synonymous with moral license. What is legal is not always moral.

Since the decisions about withholding specific therapy for a terminally ill patient, about the discontinuation of life-support systems, about whether or not to employ resuscitative measures in a given situation, about the withholding or withdrawal of fluids, nutrition, and oxygen are complex and not free of family and/or physician personal and emotional involvement and even bias, it seems advisable to consult with a competent rabbinic authority for adjudication on a case-by-case basis.

Notes

1. P. G. Derr, "Why Food and Fluids Can Never Be Denied," *Hastings Center Report* 16 (February 1986): 28–30.
2. Semachot 1:1 ff.
3. Shabbat 151b.
4. Avodah Zarah 18a.
5. *Mishneh Torah, Hilkhot Avel* 4:5.
6. *Shulhan Arukh, Yoreh Deah* 339.
7. *Sefer Chasidim* 723.
8. *Ramo* on *Yoreh Deah* 339:1.
9. I. Jakobovits, *Jewish Medical Ethics* (New York: Bloch, 1959), pp. 123–125.
10. J. D. Bleich, *Judaism and Healing* (New York: Ktav, 1981), pp. 134–145.
11. M. Feinstein, Responsa *Iggrot Moshe, Choshen Mishpat*, pt. 2, no. 73:1.
12. In support of the Feinstein view is Rabbi Eliezer Yehuda Waldenberg (Responsa *Tzitz Eliezer*, vol. 5, *Ramat Rahel*, no. 28:5), who reiterates that physicians and others are obligated to do everything possible to save the life of a dying patient, even if the patient will live only for a brief period, and even if the patient is suffering greatly. Any action that results in hastening of the death of a dying patient is forbidden and considered an act of murder. Even if the patient is beyond cure and is suffering greatly and requests that his death be hastened, one may not do so or advise the patient to do so (ibid., no. 29, and vol. 10, no. 25:6).
13. Rabbi Waldenberg continues (see previous note) that a terminally ill, incurable patient may be given oral or parenteral narcotics or other powerful analgesics to relieve his pain and suffering, even at the risk of depressing his respiratory center and hastening his death, provided the medications are prescribed solely for pain relief and not to hasten death (ibid., vol. 13, no. 87).
14. Dr. A. Sofer Abraham quotes Rabbi Auerbach as distinguishing between routine and non-routine treatments for the terminally ill (A. S. Abraham, in *Halakhah Urefuah* 2 [1981]: 185–190). For example, a dying cancer patient must be given food, oxygen, antibiotics, insulin, and the like, but does not have to be given painful and toxic chemotherapy which offers no chance of cure but, at best, temporary palliation. Such a patient may be given morphine for pain even if it depresses his respiration. An irreversibly ill terminal patient whose spontaneous heartbeat and breathing stop does not have to be resuscitated.
15. Feinstein, Responsa *Iggrot Moshe, Hoshen Mishpat*, pt. 2, no. 74:4.
16. Ketubot 104a.
17. *Ran* in Nedarim 40.
18. Feinstein, op. cit., No. 73:2.

19. Ibid., no. 74:1.
20. Horayot 13a.
21. Feinstein, op. cit., no. 73:3.
22. Ibid., no. 73:5.
23. Ibid., no. 74:5.
24. Baba Kamma 91a.
25. Feinstein, op. cit., no. 75:1.
26. Ibid.
27. Ibid., no. 74:1.
28. Rabbi Chaim David Halevi, in *Techumin* 2 (1981): 297–305, equates the removal of salt from a terminally ill patient's tongue with the removal of an artificial respirator. The former is considered in Jewish law to be an obstacle to the departing of the soul and is of no therapeutic benefit and may be removed to allow the person to die. So, too, claims Halevi, the artificial respirator was first attached to the patient in an attempt to maintain the patient's life. However, when it becomes obvious that there is no more therapeutic benefit to be derived from the respirator, it may be removed. Not only is it allowed to remove the respirator from a terminally, irreversibly ill patient, but it is, in fact, an obligation to do so, says Halevi.
29. Feinstein, op. cit., no. 74:5, referring to Avodah Zarah 27b.
30. Feinstein, op. cit., pt. 3, no. 36.

Rabbi Gedaliah Aharon Rabinowitz reviews the laws pertaining to the care of the terminally ill and the criteria for defining the moment of death (in *Halachah Urefuah* 3 [1983]: 102–114). He also states that experimental chemotherapy for cancer patients is permissible but not obligatory (ibid., pp. 115–118). Such therapy must have a rational scientific basis and be administered by expert physicians. Untested and unknown remedies may not be used on human beings.

31. Feinstein, op. cit., pt. 2, no. 75:3.
32. Ibid., no. 74:2.
33. Ibid., no. 75:4.
34. Ibid., no. 74:3.
35. Rabbi Shlomo Zalman Auerbach states that a terminally ill patient must be given food and oxygen even against his will (in *Halachah Urefuah* 2 [1981]: 131). However, one may withhold, at the patient's request, medications and treatments which might cause him great pain and discomfort. Rabbi Moshe Hershler holds that withholding food or medication from a terminally ill patient so that he dies is murder (in *Halachah Urefuah* 2 [1981]: 30–42). Withholding respiratory support is equivalent to withholding food, since it will shorten the patient's life. Every moment of life is precious, and all measures must be taken to preserve even a few moments of life. However, if the physicians feel that a comatose patient's situation is hopeless, they are not obligated to institute life-prolonging or resuscitative treatments.
36. Feinstein, op. cit., no. 75:6.

37. Ibid., no. 75:7.
38. Ibid., pt. 2, no. 58 and pt. 3, no. 36.
39. Ibid., pt. 3, no. 132.
40. Ibid., pt. 2, no. 146.
41. Feinstein's position on the use and discontinuation of life-support systems is supported by Rabbi Eliezer Yehudah Waldenberg, who states that it is not considered interference with the Divine will to place a patient on a respirator or other life-support systems (Responsa *Tzitz Eliezer*, vol. 15, no. 37). On the contrary, all attempts must be made to prolong and preserve the life of a patient who has a potentially curable disease or reversible condition (ibid., vol. 13, no. 89). Thus, one must attempt resuscitation on a drowning victim who has no spontaneous respiration or heartbeat because of the possibility of resuscitation and reversibility (ibid., vol. 14, no. 81). One is not obligated or even permitted, however, to initiate artificial life-support and/or other resuscitative efforts if it is obvious that the patient is terminally and incurably and irreversibly ill with no chance of recovery. One is also allowed to disconnect and discontinue life-support instrumentation, according to Waldenberg (ibid., vol. 13, no. 89) and others, if one can establish that the patient is dead according to Jewish legal criteria (ibid., vol. 90, no. 46 and vol. 10, no. 25:4), i.e., if the patient has no independent brain function or spontaneous cardiorespiratory activity. If it is not clear whether the respirator is keeping the patient alive or is only ventilating a corpse, the respirator must be maintained. Therefore, from a practical standpoint, Waldenberg advises that one uses respirators with automatic time clocks set for a twelve-hour or twenty-four-hour period (ibid., vol. 13, no. 89). When the respirator shuts itself off, one can observe the patient for signs of spontaneous respiration. If none are present and if the heart is not beating and the brain is irreversibly damaged, one does not reconnect the respirator. Finally, Rabbi Waldenberg asserts that blood transfusions, oxygen, antibiotics, intravenous fluids, oral and parenteral nutrition, and pain-relief medications must be maintained for a terminally ill patient until the very end (ibid., vol. 14, no. 80).
42. I. Jakobovits, "Medical Experimentation on Humans in Jewish Law," in *Jewish Bioethics*, ed. F. Rosner and J. D. Bleich (New York: Hebrew Publishing Co., 1979), pp. 377–383.