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Rabbi Geoffrey Dennis  
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# Love is as strong as death: Meeting the pastoral needs of the Jewish hospice patient

Rabbi Geoffrey Dennis, RN, MHL

## Introduction

In the past decade, there has been a proliferation of literature on death and dying. The field of thanatology has been especially attentive to identifying and prescribing interventions for the emotional needs of hospice patients. An abundance of literature addresses the special spiritual needs of Christian patients. Less common, however, have been writings that focus on the emotional and spiritual needs of the Jewish terminally ill. The goal of this article is to help fill that gap—and speak directly to pastoral issues that particularly affect Jews, as well as to outline some potentially useful interventions.

A Jewish wag once said that “Jews are just like everybody else—only more so.” As with all interpretations of religion and culture, this article runs the risk of crossing the line

between accurately highlighting relevant cultural markers and misleading people into making stereotypical characterizations. Therefore, it is important to emphasize from the beginning that the general trends described here do not automatically provide insight into all aspects of an individual. The hospice professional must continue to approach each person, regardless of background, as unique.

## Jews and the hospice movement

Jews currently make up just over two percent of the total American population.<sup>1</sup> Though Jews participate and adeptly function in the larger American culture with all its assumptions and conventions, they are nevertheless a distinctive cultural-religious movement, with unique beliefs, practices, and concerns, especially surrounding death.

As a whole, Jews effectively use medical services. Their generally high level of education, socioeconomic status, and culturally-based valuation of medicine all contribute to their being both willing and able to access medical services. Jews, however, may be more hesitant to make

use of hospice services. The reasons for this are complex,<sup>2</sup> but two religious-cultural issues are worth noting. First, Jews commonly perceive that hospice is a Christian movement. Therefore, Jewish families may be reluctant to place a loved one in what they perceive as an alien religious environment during the course of a terminal illness.

The second reason can be illustrated by a particularly Jewish mode of discourse, a joke:

Irving Horowitz is dying. So he instructs his wife to summon a judge to his bedside. “A judge?” she asks, incredulous. “Don’t you want a rabbi?” “I need a judge because I want to change my name. Now go!” She returns with the judge and he sits down to fill out the legal documents. Irving tells him, “I want to change my legal name to Jacob Greenberg.” “Jacob Greenberg!” his wife sputters, now really confused, “...but Jake Greenberg is your worst enemy. Why change your name to Jacob Greenberg?” Irving gives a feeble shrug, “If someone’s gotta die, better him than me!”

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This joke conveys better than any clinical description American Jewry's culturally-based anxiety around death issues. More than any other religious-cultural group with which I work, I find American Jews reluctant to discuss, consider, or meditate on the meaning of death. This anxiety may cause them to deny or otherwise avoid serious acknowledgment of a terminal condition. In its most pronounced form, such anxiety may cause terminally ill Jews or their families to refuse vehemently even to consider a hospice referral. They perceive admission to hospice as conceding that "there is no hope." Later in this article, I will examine culturally-based reasons for this reaction.

Still, the value of hospice is increasingly being recognized by Jewish religious and communal bodies, since the principle of providing a "caring community" for the family resonates strongly with Jewish values. Yet the number of Jewish-sponsored hospice programs remains small. Most are in metropolitan areas with large concentrations of Jews, such as New York, Baltimore, or Chicago. Therefore, as the popularity of hospice care spreads, more and more general hospice programs will find themselves caring for Jews and dealing with Jewish pastoral issues. In order to serve these patients more effectively, it is useful for hospice workers to understand some of the unique pastoral needs of Jews and how those needs contribute to shaping the hospice experience.

### **Pastoral issues arising from Judaism**

In America, Judaism is institutionally divided into five movements. These are, in descending size of membership, Reform, Conservative, Orthodox, Reconstructionist, and Traditional. Knowing a person's formal affiliation, however, is of only limited

value in meeting their spiritual needs. Jews often affiliate with a synagogue for reasons other than ideology. Considerable fluidity and overlap in belief and practice exist among the various movements. Therefore, the following remarks are meant to be as inclusive and broadly applicable as possible.

Religious Jews experience God through the same kinds of avenues open to other peoples of faith: prayer, study, meditation, loving deeds. Above all, though, Judaism teaches that the presence of God is most keenly experienced through the presence of God's people. God becomes manifest in the encounter between souls, as affirmed by the ancient Rabbis, who declared:

What is the source that teaches that when [two] come together, the Divine Presence is with them?...As it has been said, "Those who revere the Lord have been talking together and the Lord harkened and heard it." (Mal. 3:16) (Mekhilta de Rabi Ishmael, Bahodesh 11.)

Being embraced and acknowledged by loving community is fundamental to Jewish spirituality, as is being able to express one's own Jewish identity through affirming words and observances. Judaism is foremost a life-affirming religion. Two popular symbols reflect this worldview. First is the *Chai*, a common decorative motif constructed of two Hebrew letters that spell "life." The other is the "Tree of Life," an image found in virtually all synagogues, meant to represent the Torah, God's life-giving Word.

In Christianity, by contrast, the most recognized symbol is a crucifix, an instrument of death that has been transformed by Jesus's resurrection. While Judaism also teaches that death is not the end of being, death and afterlife are not central themes in Jewish spirituality.

Instead, Judaism regards death as

integral to life. It is part of our status as mortal creations of God. Death is neither something to be pursued, nor an act of punishment. In the Bible, death unassociated with tragedy or at a premature age is presented as a fulfillment and homecoming. The popular biblical idiom for describing death is a homely one: the person is "gathered to his kin" (Genesis 25:8). Yet a life well lived rather than a "good death" is the primary preoccupation for the Jew of faith, as is stated in the Talmud:

Better is one hour of [living] Torah and the commandments in this world than the whole life of the World to Come (Avot 4:17).

A contemporary Orthodox thinker, Joseph Soloveitchik, expressed it this way:

The *Halachah* [Jewish law] is not at all concerned with a transcendent world. The World to Come is a tranquil, quiet world that is wholly good, wholly everlasting, and wholly eternal. However...the task of the religious individual is bound up with the performance of commandments, and this performance is confined to this world, to physical, concrete reality, to clamorous, tumultuous life, pulsating with exuberance and strength. (Malakmic Man, 1983: 32-33).

Still, while death is accepted as integral to life, as Rabbi Harold Kushner observes, every death has tragic overtones in Judaism precisely because life is so sacred.<sup>3</sup>

Based on these kinds of teachings, Jewish religious thinkers usually do not encourage the believer to focus on death in general or their own death in particular. Thus, a caretaker for a Jewish hospice patient may find that person reticent to discuss death or the issues surrounding it.

The phrase, "The World to Come," used twice now, is the traditional Jewish expression referring to the afterlife. Intentionally vague, the term reflects Judaism's hesitancy to claim to know the exact nature of this world beyond life. Jewish thinkers throughout the ages have given us elaborate and vivid descriptions of what the World to Come is like,<sup>4</sup> but ultimately these visions are understood to be purely speculative.<sup>5</sup> Judaism recognizes that no living person has ever seen past the veil of death. As a result, many Jews, even those heavily committed to their faith, will be reluctant or even unable to discuss in any depth their expectations of what will happen to them after they die.

According to Judaism's end-of-life ethics, when a Jew faces death the most important thing the tradition teaches is to die in a way that reflects the values by which he or she has lived. In its life-affirming emphasis, Judaism endorses anything that makes the continuation of life possible and bearable. Thus, Judaism embraces all forms of medical, psychological, and spiritual aid that enhances the life of the dying person. Jewish law, for example, requires that a dying person never be left unattended, in order to ease one of the most common anxieties for terminal patients—the fear of abandonment. From a Jewish perspective, no virtue resides in enduring unnecessary pain.

Still, Judaism endorses neither suicide nor euthanasia, both of which are seen to negate the supreme value of life.<sup>6</sup> By the same token, Judaism discourages artificially extending the life of a dying person when there is no hope for recovery. This was summarized by Rabbi Moses Isserles, an authoritative voice in Jewish law, when he wrote:

...If there is something that delays [the terminal patient's] death....and this prevents a

speedy death, one may remove [it], for this does not involve any action at all, but rather the removal of a preventative agent." (Shulchan Aruch, comment on Yoreh Deah 339:1)

As one might surmise, the gray areas between these two positions allows the dying and their caretakers considerable latitude in decision-making about end-of-life issues. For example, a recent interpretation of this issue from the Reform movement of Judaism allows the liberal administration of medication for pain relief, even if a side effect of the medication is that it may shorten the life of the dying person.<sup>7</sup>

To summarize Jewish faith as it relates to caring for the dying, Judaism affirms life as a supreme value; celebrates and protects life; emphasizes the spiritual pre-eminence of the community; and allows for a wide range of beliefs and attitudes concerning death and the afterlife among its adherents. Finally, Jews may be more hesitant to focus on their own death than people of other faith traditions.

### The added dimension of 'Jewishness'

Any person's spiritual needs are broader than his or her beliefs, and pastoral issues can extend beyond formal religious observance. This is especially true for Jews, since roughly half of all Americans who identify themselves as Jews do not affiliate with a synagogue or other religious group.<sup>8</sup> However, this does not mean that these people reject their Jewish identity. For while it might be oxymoronic to speak of a "secular Christian," a Jew may strongly identify with his or her Jewishness, while at the same time being estranged or indifferent to Judaism and its teachings. Many rely heavily on ethnicity rather than religion to define themselves as Jews.

How spiritual issues can impinge on the care of even "unchurched" Jews is illustrated by the following incident that happened to me:

I received a call from the bereavement counselor at a hospice to visit Mrs. Perlman. He asked me to come ASAP. The hospice did not get many Jewish clients, but when they did, I served as their pastoral referral, especially if the person was unaffiliated with a synagogue. When I arrived, I found the nurses clustered at the station. One nurse was furious, the other listening sympathetically. "...Nasty old b——, I want a different assignment next shift..." In the room I found Mrs. Perlman sitting in bed under a magnificent, dark wood crucifix. She and her family seemed to be tense and downcast. Clearly, I had interrupted an argument. Before I had time to do more than introduce myself as a rabbi, I was hustled out into the hall by Mrs. Perlman's daughter. She was almost on the verge of tears. "We heard this was the best hospice in town, that's why we brought her here..." Her words trailed off. "Yes," I responded, "It's a very good program." She sighed, "We're not really religious," she added, apologetically, "but we had no idea it would be so *Catholic*—and Mom grew up in Poland!"

To someone not familiar with the Jewish experience, these cryptic remarks and casual observations would mean little. Yet, for someone who understands their implications, these few words convey enough information for a hospice worker to begin to understand the dynamics of this case. Just from what her daughter said, I knew that Mrs. Perlman

was frightened and I had some initial ideas about why she was proving to be a difficult patient, as well as some things that could be done for her and her caregivers.

A hospice worker needs to know more than just the formal beliefs of Judaism to meet effectively the pastoral needs of Jewish patients. Every Jew has a different level of familiarity and comfort with the Tradition. Some will be heavily invested in the attitudes and beliefs described above; others will be completely ignorant of them. Therefore, another factor to keep in mind is "Jewishness," sometimes called *Yiddishkeit* (Yiddish: Jewish Culture). Jewishness is equally as important as Judaism in shaping Jewish identity. For most American Jews, Jewishness plays perhaps a bigger role in their lives than does religion.

Jewishness is a complex weave of cultural associations, experiences, and attitudes, both religious and secular. To define the parameters and factors of Jewishness is difficult, even for Jews. A simple example of "Jewishness" familiar to most Americans is the bagel. This food has no religious significance whatsoever in Judaism, yet it is still an iconic "Jewish" food. Likewise, many other "nonreligious" things have powerful Jewish associations.

Despite not being "religious" in the narrow sense of the term, the ethnic aspect of Jewishness merits thoughtful pastoral attention. Jews derive much comfort from familiar language (like Yiddish) and being with others who share their history and experiences. Most immigrant Jews in America come from Central and Eastern European backgrounds, though there are American Jews from all parts of the world. In the case of Mrs. Perlman, it is useful to understand that, growing up as a Polish Jew in the 1920s and '30s, she was exposed to a version of Roman Catholicism deeply steeped in anti-Semitism. As is often the case with

Jews who emigrated from Eastern Europe, these experiences were so powerful that even a half-century of living among more pluralistic and tolerant American Christians cannot overcome their fears. As one might suspect, this kind of experience is less likely to be found in the background of a Jew who grew up in America. Generally speaking, issues of ethnicity loom larger for immigrants than for native-born Jews.

Jewishness also encompasses such intangible things as character traits—the famous Jewish trait of *Chutzpadik* (impudence), humor, and other cultural and social preferences and attitudes.<sup>9</sup> These qualities can also have pastoral implications. Consider the effect of one Jewish self-perception, the belief that Jews are uniquely able to persevere despite adversity. This issue comes up frequently among Jewish women facing terminal illness. As their health deteriorates, they progressively feel the loss of their central caretaking role in the family. So central is this role to some people, that the change from caretaker to care-recipient, accompanied by a parallel loss of control and status, deals a devastating blow to both an individual's self-esteem and her ability to cope.

As can be seen from all the issues raised here of ethnicity, history, and custom, hospice professionals have to be simultaneously informed and sensitive in trying to meet the pastoral needs of Jews.

### Assessment

Because of the complex nature of Jewish identity, with its layered interplay between religious and ethnic issues, it is very important that any pastoral caregiver take special care to assess the individual spiritual needs of a Jewish patient. Many Jews will find tremendous solace in their faith. Some will be overtly hostile to religion. Many more will show a marked ambivalence. This

does not mean, however, that a "secular" Jew will not have pastoral issues to be addressed. A patient may express seemingly contradictory attitudes. Thus, a patient may reject using prayer as a means to cope with crisis, but still derive considerable comfort from having a rabbi make a pastoral visit. Or it could be just the reverse. Some Jews from the former Soviet Union expect to see a rabbi *only* when they are very close to death; so, a routine pastoral visit can be unnecessarily upsetting if not discussed with the patient beforehand. Others may eagerly embrace Jewish religious symbols when faced with a terminal prognosis. Rabbis often comment on the phenomenon of Jews who "get religion," having lived utterly secular lives, yet at the end of their life affirming their Jewish identity by insisting that all the traditional death practices of Judaism be observed.

There are a number of reasons for this complex situation, but the key is adequately identifying those spiritual support systems (if any) that are personally meaningful. Therefore, it is critical that anyone who wants to provide effective pastoral care for a Jewish hospice patient include a spiritual assessment, in the form of either an interview or an inventory. Such an assessment should include questions about:

- religious upbringing and current affiliation or relationship to Judaism that may serve as a support system;
- personal beliefs and faith;
- observed Jewish rituals and practices, if any;
- personal history, especially prior losses;
- mechanisms that have helped the person cope in the past.

It may be useful when working



with a Jewish patient to use questions without overt “religious” content, such as “Where do you turn in time of crisis?” and “What would bring you comfort and peace at this time?” There are a number of formal pastoral assessment tools that employ this kind of language.<sup>10</sup>

Most important of all is to assess individual issues related to death. As with most of the non-Jewish hospice patients I have known, Jewish patients seem to have fewer concerns about death in the abstract sense than they do about the dying process. Their thoughts focus on the dual issues of pain and abandonment. We know, in fact, that the two issues are closely linked, for fear and anxiety aggravate the experience of pain. Given how much Jews emphasize human relations as a means of spiritual expression, issues around isolation and loss of human contact merit special attention.

### Useful interventions for Jewish hospice patients

Based on the assessment, hospice workers should feel free to implement any of the familiar interventions to support a person and his or her family through the dying process. Specifically, Jewish support can be offered through formal faith acts associated with death; accommodating familiar Jewish practices that have positive associations; and making available symbols of “Jewishness” that serve as a comfort.

Filling the need for a formal affirmation of their Judaism as death approaches can include reciting the *Sh'ma*. This Biblical declaration—“Hear O Israel, the Eternal is our God, the Eternal is One” (Deut. 6:4)<sup>11</sup>—is the most widely known prayer among Jews. Even Jews who only marginally identify with Judaism will know this prayer if they had any religious training at all. Traditionally, the *Sh'ma* is

said at bedtime and on awakening. A fruitful suggestion may be that a person include saying the *Sh'ma* in their daily routine. Additionally, it can be said at any time of stress or perceived danger. So, too, it is an excellent way to include prayer in a visit, at moments of crisis, or when the person is about to undergo a procedure or surgery. Finally, the *Sh'ma* is closely associated with death itself. A religious Jew aspires to make the words of the *Sh'ma* the last words uttered before dying. Having family members say the *Sh'ma* on behalf of a patient who is unresponsive or at the brink of death can be a powerful and memorable healing experience.

Another tradition associated with death is the *Vidui* (confession). Since this is less familiar to many Jews (some will say it sounds very “Catholic”), it has the potential to be an alienating experience. Still, if the hospice patient comes from a traditional background, or it is carefully explained, reciting the *Vidui* with or for the person can provide a sense of closure and “making right” with God. Another potential limitation, of course, is whether there is someone available who can recite the *Vidui* in Hebrew. Since there is nothing sacerdotal about the text of the *Vidui*, to confess by using the English translation is perfectly all right, but some Jews will want to have it read in the Hebrew. Naturally, in such a situation, a rabbi is the appropriate resource.

One traditional Jewish practice that offers tremendous opportunities for self-affirmation and closure is writing an “ethical will.” This testimony, historically written either for one’s children or the community at large, allows the terminal patient a means to express the values that he or she feels are most important and to “bequeath” them to survivors. Many Jews will not be familiar with the conventions of an ethical will, but it is simply a letter in whatever form the person desires.

There are books and articles available on these wills; otherwise, a rabbi can be helpful in guiding such a project.

Adding Jewish symbols (or, as it turned out for Mrs. Perlman, removing non-Jewish symbols) can also have considerable pastoral benefit. A picture with a Jewish theme or Star of David (Heb: *Magen David* or *Mogen David*) that could be hung on the wall or otherwise displayed in the room would be an obvious example. Keeping Jewish prayer books (Heb: *Siddur*) at the bedside can also be comforting.

Judaism includes many ritual practices. One ritual familiar to many Jews is the lighting of two Sabbath (Heb: *Shabbat* or *Shabbos*) candles at sunset on Friday, the start of *Shabbat*. For safety reasons, some hospice facilities will be hesitant to have open flames burning in a patient’s room. Under such circumstances, even traditional authorities permit the use of two electric candlesticks instead of wax candles or oil lamps. Electric “Sabbath candles” can be purchased and kept for the needs of Jewish patients.

Pastoral visits by a rabbi or cantor,<sup>12</sup> especially one known to the patient, is one of the most positive services a hospice can arrange for its Jewish patients. Because of some of the issues mentioned earlier about how people may perceive a clergy visit, it is always better to ask the patient or family if they would like such a visit, rather than automatically calling in someone.

Always remember the importance of relationship in Jewish spirituality. Bringing the community to the patient through lay visitors or by cultivating Jewish hospice volunteers can be a potent spiritual support. Even those Jews on the professional staff willing to identify themselves, by their very presence, offer comfort to the patient and family. These workers constitute an informal Jewish “fellowship” within the hospice.

Finally, there are other measures,

seemingly unrelated to pastoral care, that can provide considerable spiritual comfort. The primary thing is food. The first mention of chicken soup in Jewish literature is by the 12th century philosopher-physician Moses Ben Maimon (Maimonides), who wrote, "soup made from an old chicken is of benefit against chronic fevers..." In the 800 years since, chicken soup has surpassed being a mere cliché and has achieved the status of a standing joke among Jews. Yet it remains a potent Jewish comfort food, with the added bonus that chicken broth is particularly well suited to the needs of hospice patients. Other foods associated with certain holidays can also provide spiritual succor. While working as a nurse, I once brought a patient and his wife apples and honey in honor of the pending Jewish New Year (around September/October). This small gesture had a remarkable impact on the couple. At the man's funeral, the widow repeatedly told me how much having those foods lifted her husband's spirits.<sup>13</sup>

Hospice workers often ask if there are certain musical selections that would appeal to their Jewish patients. I have found that this is so much a matter of personal preference that no hard and fast rules apply.

## Evaluating the intervention

So, how does one evaluate the effectiveness of pastoral care for the dying? Wilbur Huguey defines effective intervention as helping the individual accept the death process. Huguey defines acceptance as "the ability...to adjust realistically to a situation."<sup>14</sup> This includes the patient being able to "exhibit serenity, confidence, quietness, graciousness, personal warmth, composure, relief, curious wonder, matter-of-factness, or gentle humor." Achieving these characteristics, while highly desirable, may nevertheless be unrealistic, as

Huguey notes. Reaching such a blissful mental state is something people rarely experience, even before they know they are terminal.

As with any terminally ill person, displaying an attitude that is realistically engaged and accepting, or at least free of pervasive despondence, is a desirable outcome. Jews, in particular, will perceive as a "good death" one in which suffering is minimized; their value is affirmed by family, friends, and community; they are assured of continued remembrance by the community of faith; and they have confidence that all of their life before that moment had meaning.

Synthesizing all of these considerations into an effective framework in the context of hospice may seem a daunting task. Yet the benefits to the patient merit the work involved, for, as Rabbi Hei Hei observed, "According to the effort is the reward" (Avot 5:23).

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2. Gordon A: Reaching out to the Orthodox Jewish community. *American Journal of Hospice & Palliative Care*. 1997; 14(3): 144. Note: Those seeking to serve Orthodox Jewish patients should follow Gordon's strategy of gaining the cooperation or endorsement of a recognized Orthodox authority for their hospice program. Such an endorsement can overcome many concerns frequently voiced by Orthodox Jews at the time of referral.
3. Kushner H: A Jewish Theology of Death. Paper presented at the Spirituality & Healing in Medicine Conference, Harvard University, December 12-14, 1998.
4. The most comprehensive study of Jewish traditions on life after death available in English is *Jewish Views on the Afterlife* by Simcha Paull Raphael. A number of modern (including secular) perspectives are brought together in *Jewish Reflections on Death* by Jack Reimer.
5. Jewish thinkers have, from time to time, attempted to assign a doctrinal status to what

Jews believe about the afterlife. The most famous of these attempts is the *Thirteen Principles of Faith*, formulated by the medieval Jewish philosopher Maimonides (also mentioned in the text of this article). Maimonides included a belief in the resurrection of the dead as one of the doctrines that a faithful Jew must affirm. While the thirteen principles are a popular point of departure for discussing Jewish beliefs, neither they nor the doctrine of resurrection have enjoyed anything close to universal acceptance.

6. This viewpoint reflects positions taken by all the contemporary branches of Judaism, although individuals and non-religious Jewish organizations may disagree.

7. Washofsky M: Why Judaism opposes assisted suicide. *Reform Judaism*. Summer 1997: 65.

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9. Phillips B: Sociological analysis of Jewish identity. *Jewish Identity in America*. Los Angeles: Wilstein Institute, 1991: 3-25.

10. Dudley J, et al.: Unfinished business: Assessing the spiritual needs of hospice clients. *American Journal of Hospice & Palliative Care*. 1995; 12(2): 30-37.

11. The Hebrew transliteration of the prayer reads *Sh'-ma Yis-ra-el, A-do-nai E-lo-hei-nu, A-do-nai E-chad*. On the Doorposts of Your House, a popular prayer book of the Reform movement, contains transliterations of most significant liturgical Jewish prayers, as well as many personal prayers and meditations suitable for the ill.

12. A cantor is a clergy person whose expertise is in Jewish liturgy, public worship, and music. Though pastoral work is not conventionally part of a cantor's duties, I have had the privilege of working with cantors who bring tremendous pastoral presence to the patient's bedside.

13. The greatest food-related issue, of course, is Jewish dietary law (Heb: *Kashrut*). For a Jew who keeps kosher, the prohibitions and rules are extensive. Even trained dietary professionals have difficulty keeping track of these laws if they do not keep kosher themselves. Of critical importance is that hospice dietary workers listen carefully to the needs of the patient and their family in this regard. Again, a rabbi can be your best guide.

14. Huguey W: Pastoral issues in the care of terminal cancer patients. *The Pastoral Role in Caring for the Dying and Bereaved*. New York: Praeger, 1986: 111-126.

## Suggestions for further reading

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