

## End-of-Life Care - 1997

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One of Rabbis Akiva's disciples fell sick and none of his fellow students visited him. So Rabbi Akiva himself entered [his house] to visit him and provided necessary care. "My master, you have revived me," said the disciple...  
Rabbi Akiva went forth and lectured:  
He who does not visit the sick is like one who sheds blood. (Nedarim 40a)

### Issue

In this age of rapidly increasing medical technological capability, moral dilemmas arise regarding decisions about end-of-life care. Concerns regarding quality of life for those facing pain and suffering and the use of medical procedures that prolong the act of dying for the terminally ill need to be addressed.

### Background

As the difficult and troubling choices regarding end of life care approach, the need increases for guidance from a Jewish perspective on the dignity and sanctity of life. In 1995 the UAHC adopted Compassionate and Comfort Care at the End of Life, which while reaffirming the right to refuse medical procedures that only prolong the act of dying, addresses the obligation to provide relief from pain and suffering and adequate comfort care at the end of life. The UAHC Committee on Bio-Ethics has developed educational and programmatic materials about the issues and responsibilities involved in providing caring support for individuals facing the end of life and their families.

Over the years Women of Reform Judaism has worked closely with the UAHC Committee on Bio-Ethics, urging Sisterhoods to develop educational programming to inform members about committee resources, such as A Time To Prepare. This guide is designed to help individuals and families plan advance medical directives regarding the extraordinary medical technology used to prolong the act of dying. Such advance medical directives, called "living wills," provide guidance to health care professionals who are otherwise legally obligated to use technological methods available to keep patients alive and only prolong the act of dying.

Effective palliative care for individuals living with pain and suffering and caring support for the individuals and their families is essential. Expanded development of hospices and similar environments where such spiritual and physical needs would be met could provide, at the least, some comfort for the individuals and their families. Hospice is not just a last resort resource. Hospice care includes physical, emotional and spiritual components offered by teams of physicians, nurses, social workers, chaplains, certified health aides and volunteers.

The right to refuse medical treatment, especially that which only prolongs dying, belongs to every individual. Life is precious, but are we required to prolong it by undertaking useless and pointless treatment? When is enough enough? Even the most logical, methodical end of life plan is futile, if those closest and/or responsible for medical decisions are not aware of such wishes. Communication with family, and all involved persons, is vital.

### Resolution

In recognition of the values of our tradition, Women of Reform Judaism calls on its affiliates to:

- 1) Encourage the study and discussion, from the Jewish perspective, of end of life issues as a Sisterhood, a family and an intergenerational concern.

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- 2) Provide information about and encourage completion of properly executed end of life instruments e.g., living wills, proxies, medical powers of attorney.
- 3) Urge their members to communicate their desires without delay regarding refusal of extraordinary medical care and treatment.
- 4) Develop relationships with existing hospice programs and encourage members to volunteer time and service.
- 5) Encourage and support the development or expansion of hospice programs in their areas, especially for those which serve the Jewish community.