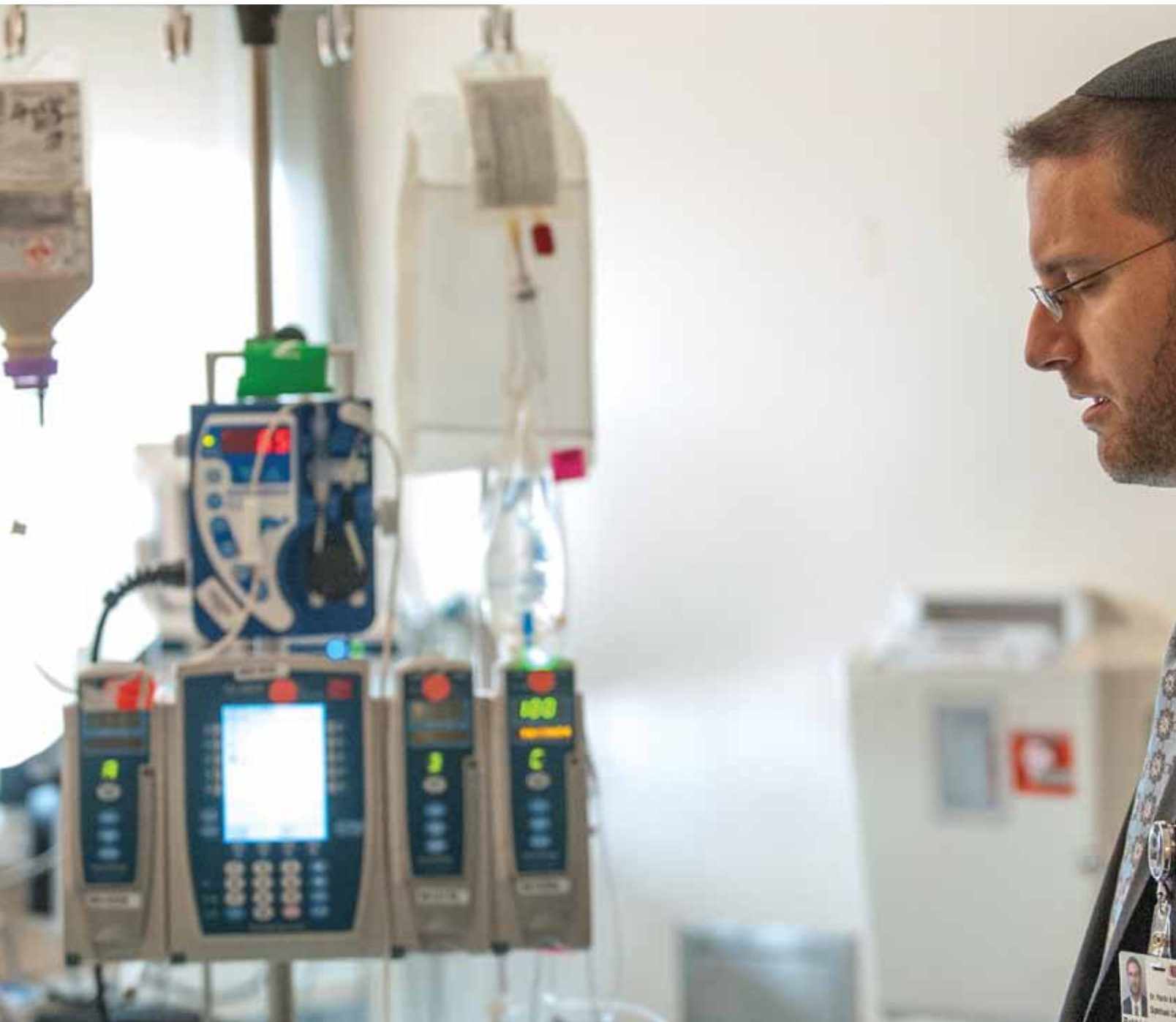


YOU'RE ASKING ME WHAT?

The Challenges and Privileges of Being
a from Hospital Chaplain



By Rabbi Jason Weiner

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On December 23rd, 2012, Rabbi Yitzchok Adlerstein, a member of the *beis din l'giyur* of the Rabbinical Council of California and a faculty member at Yeshiva of Los Angeles, wrote as follows:

“Rabbi Jason Wiener is a young *rav* who has done an outstanding job as senior Jewish chaplain at Cedars-Sinai Hospital Center in Los Angeles. His penchant for serious treatment of *halachah* is obvious in the great public service he has performed by putting together an extremely useful *chibbur* on issues relating to hospital stays. This monograph was supervised and looked over by some of the most impressive names in *psak*

halachah in Los Angeles. It includes the single best treatment of the use of elevators on Shabbos that I recall seeing.”

Indeed, Rabbi Weiner’s *Guide to Traditional Jewish Observance in a Hospital* has been carefully reviewed by Rabbi Gershon Bess, Rabbi Nachum Sauer of the Yeshiva of Los Angeles, and Rabbi Yosef Y. Shusterman. The *kuntrus* also received exceptional letters of approbation from Rav Osher Zelig Weiss and from the Tolner Rebbe, both from Jerusalem.

Ami recently reached out to Rabbi Weiner to share some of his experiences as chief chaplain in a bustling Los Angeles hospital.



It’s 6 p.m. and as I get into my car to drive home from the hospital, my cell phone rings. “Rabbi! Help us!” are the first words I hear. “We’re up here in the ICU, and we know that Jewish law demands immediate burial. Please help us convince the staff here and the cemetery to expedite my father’s burial arrangements so he can be buried tomorrow before Shabbos. Can you help us make that happen immediately?” As I jump out of my car I ask, “When did your father die, and where is his body now?”

“Dead?” the caller responds, appalled, “He’s not dead! But we have to be ready just in case, don’t we?”

As the Jewish chaplain of a major medical center, I’ve learned to expect all kinds of questions. Since health care is a rapidly changing field, the *shailos* (questions in Jewish law) that I’m asked are becoming increasingly complex, and understandably, many of them involve issues of life and death. Furthermore, I often find myself in the situation of serving as a rabbi to people with minimal Jewish connection and conflicting views among family members that must be navigated with caution, nuance and sensitivity.

Not everyone is familiar with the role of a chaplain. I’ve walked into the room of many Jewish patients who expressed concern when I intro-



duced myself as one: “Don’t try it on us buddy. We are proud Jews and you won’t be able to convert us!” When I explain that I am also Jewish and in fact a rabbi, people sometimes respond, “Oh, I thought they only had chaplains here. I didn’t know they had a rabbi as well!” But when I introduce myself to patients as the rabbi, they sometimes say, “Oh, so you supervise the kosher kitchen?” Learning that rabbis can also be chaplains who work with patients, their families and the interdisciplinary health care team often comes as a surprise.

Some of the issues that arise are seen by the questioner as *halachic* issues, although traditional *rabbinic* training and works of *responsa* don’t always provide sufficient guidance. For example, I’ve never been much of an artist or designer, but when our main building was repainted, I was consulted about what color Judaism requires the massive Star of David atop the building to be painted. Trying to think of something intelligent to say I quickly responded, “Anything but yellow. I’m not sure how that would make Holocaust survivors feel.” Similarly, I once received an urgent phone call from a senior administrator. Our facility was holding a “topping off” ceremony that day as they put the final steel beam on the hospital’s newest building, and planned to observe the ancient European custom of placing an evergreen tree on top of the structure. Someone suggested they use a cedar tree, since our hospital is in fact called “Cedars-Sinai,” but the administrator wouldn’t acquiesce unless the rabbi permitted this deviation from the accepted *minhag* (custom). Honored that he sought my guidance on this issue, I told him I would have to consult the holy books

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and get back to him with an answer. After waiting a few moments for the sake of suspense, I called back to give him a special one-time *heter* (permission).

Indeed, I now field many questions I never received when I was a pulpit rabbi. Like the time I received a call to perform a funeral. That seemed routine enough, until the caller explained that the person in question had already been buried, but they weren’t happy with how the rabbi had performed the funeral and were wondering if they could have a do-over on the ceremony. That didn’t compare to the time I was called to a very sick patient’s room. When I arrived, the patient’s daughter asked if I had a live chicken handy. I couldn’t figure out why they wanted a chicken. “I could get you a BBQ or roasted chicken, if you’d like,” I said, “but I’m not so sure I can bring a living chicken into a hospital room. Why do you ask?” The patient’s daughter looked at



me as if I was very stupid. “I would like to put it on my father’s belly so it can absorb his disease, and then kill the chicken here in the room so the disease will be gone!” Several weeks later I was visiting another very ill patient, whose son told me, “Rabbi, we’ve already done everything we can. We gave *tzedakah*, changed his name, killed a chicken on his stomach...”

Many of the questions that arise require in-depth learning, creativity and intricate knowledge of the medical facts to handle appropriately. I try to learn as much as possible about medical *halachah*, and I frequently consult with local and international *poskim* and *gedolim* to resolve matters that are particularly complicated.

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Unfortunately, although many rabbis are extremely knowledgeable, not all are well versed in this specialty, or their experience is severely outdated. For example, we were once dealing with a very *frum* patient who was rapidly declining. The medical team was unanimous that continuing aggressive care was not only futile but harmful, and they strongly recommended that the patient be extubated (disconnected from the respirator). Of course, this can be very problematic from a *halachic* perspective, so we called in the patient’s rabbi to discuss our options. The rabbi showed up at my office, and as I began to walk him up to the ICU, I casually asked how he was going to navigate this complicated case. “This one is simple!” he nonchalantly responded. “I’ll just advise them to follow Reb Moshe’s opinion that when it’s time to change the oxygen tank, they don’t have to put in a new one.” I paused and then gently explained that oxygen is now supplied continuously through an outlet in the wall; oxygen tanks haven’t been used in decades! The rabbi stopped in his tracks, gave me a quizzical look and sighed, “Oh. Well, then I have no idea what to tell them!”

Not only do rabbis not always know what to do, but families themselves are often very unsure. Since most patients don’t have advance directives and people are afraid of having conversations about their preferences at the end of life, family conflicts frequently ensue as relatives struggle over their own values and what they think the patient would want. I was once summoned to the room of a critically ill patient, but wasn’t sure exactly why they had asked for a rabbi. As I tried to assess the

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situation, one of the family members asked if I could say a prayer for the patient. “Absolutely,” I responded. “Is there a specific prayer you had in mind?” At the exact same second, one of the patient’s children blurted out “*Mi Shebeirach*” (prayer for recovery) while the other child said “*Viduy!*” (end-of-life prayer). I made a *Birkas Kohanim* (priestly benediction) and let them interpret it however they wanted.

Another time, and this brings us to some of the more challenging ethical and *halachic* situations chaplains face, I was called upon to say a blessing for a patient before she was wheeled into surgery. When I arrived, the patient politely explained that she had not asked for a rabbi. Her daughter, sitting by the pre-op bedside, coldly explained that they had no need for a rabbi at this time and that I should find my way out of there. Just as I began to oblige, the patient’s bearded, yarmulke-wearing son entered the room and said, “Oh, the rabbi arrived, *baruch Hashem!*” His sister quickly got up and explained that I was just leaving. They had a brief argument over whether or not I should be there, and everyone finally agreed that it would be okay for me to say a very short, simple prayer that the surgery go smoothly. I did so and was about to exit when the son said, “Actually, Rabbi, since you’re already here it would be a perfect time for us to discuss something very important.” At that moment the staff came in to wheel the patient into surgery, but the daughter asked them to postpone it for just a second so they could settle the issue once and for all.

The son then grabbed his mother’s hand and said, “Rabbi, please tell my mother that if she is cremated, as is her wish, she will go to hell.” I took a deep gulp and before I could say anything his sister chimed in, “Yes, Rabbi, tell us the truth. Can you really say that this poor woman’s soul will be punished? After all, we plan to spread her ashes over Jerusalem!” I tried to remain calm and collected and quietly explained that perhaps this was not the best time to be having this discussion, but that I would be happy to sit down with them later. With a nervous chuckle the patient herself then said, “No, Rabbi. What if I don’t survive this procedure? I have

chosen to be cremated and my son needs to know now.” I knew that the procedure she was having wasn’t highly risky and didn’t want to get triangulated into this family feud, so I skirted the issue by simply saying, “I’m sure we’ll have plenty of time to discuss this later. For now, let me just assure you that either way I do not believe you are going to hell.” The patient seemed satisfied with this response until her son blurted out, “Notice what he didn’t say! He did *not* say that it’s allowed!”

At that point the patient and her daughter began to cry, I began to perspire, and the staff stepped in to remind us that they needed to take the patient into surgery. I agreed that I could not say that cremation is permitted and quickly reassured the patient that she would be well taken care of and that we would have plenty of time to discuss it later. I then proceeded to the waiting room with her children to try to mediate their debate.

This story highlights one of the more challenging roles a chaplain plays. I am certainly opposed to cremation, for both *halachic* and emotional/psychological reasons, but my role as a chaplain is not to mandate religious doctrine, force individuals into specific choices or even advocate a particular lifestyle or worldview. Rather, the focus of chaplaincy tends to be on facilitating the ability of individuals to articulate their own goals and values, and helping them uncover, navigate, translate and resolve some of the issues with which they might be struggling. On the other hand, I am also a committed Orthodox Jew. I feel strongly about my beliefs—which I have a unique opportunity to teach and share—and I certainly wouldn’t want to be guilty of *mesaye’a lidei aveirah* (abetting a transgression) or *lifnei iver* (placing a stumbling block before the blind).

In consultation with authorities in Jewish law and experienced chaplains, I have thus developed an approach that has been helpful both in cases like this, where there is family conflict, and in cases where the family is unanimous on what they want to do, but their decision goes against my own religious values. Of course, every situation is unique and must be dealt with on a case-by-case basis in consultation with a *posek*. Without pushing in one direction or another, I



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can often gently ask why a family or patient is making a given decision. In the case of cremation, for example, I am often told that it is simply easier and cheaper. When I offer to help arrange an easy and inexpensive Jewish burial, it tends to result in consent to conform with Jewish law.

Another approach is to determine if a person is making a competent decision against Jewish law as a *tzava'ah* (clear and explicit will) or if he is simply stating a preference. If one is merely sharing a preference that has not been well thought out, there may be room for an open discussion. Once the person has passed away, we can sometimes assume that he didn't realize the extent of the prohibition or that he would want to be treated in accordance with the unanimous desire of all of his children or executors of his will, even if it differs from his stated preference.

That said, it sometimes happens that a person's wishes are definite and diametrically opposed to traditional Jewish values or practices, leaving us in quite a pickle. *Halachah* only binds us to undertake responsibilities that we are capable of carrying out. If a patient or relative has made a clear-minded and informed decision to do something that violates Jewish law, the religious family members or chaplain will have to take the approach of

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sheiv ve'al ta'aseh (sit and don't do anything) and simply explain that they are unable to carry out these wishes, but allow someone else to do so. While the concept of *mitzvah lekayeim es divrei hameis* (the obligation to implement the wishes of the deceased) doesn't apply to fulfilling desires of the deceased that violate *halachah*, civil law does require that the wishes of the deceased be respected, and there is a certain integrity in fulfilling this responsibility. That is why a person in a position of legal responsibility should thus either do as the deceased wished, or if his religious values don't permit it, he should simply step aside and allow others to proceed as planned, rather than protesting when he knows that his concerns will not be heard. This approach makes it clear that one is not, in fact, supporting the transgression, but avoids creating the *chillul Hashem* (desecration of G-d's name) that can result when belligerent religious indi-



viduals make a protest that will neither be understood nor effective.

Furthermore, showing willingness to compromise often enables us to find a way to fulfill the patient's wishes in a manner that involves the least amount of transgression, and possibly some *mitzvah* observance down the road. For example, I have seen cases where one family member was not able to convince the rest of his family to bury their relative in the ground instead of in a mausoleum crypt. However, instead of persisting in fighting this decision, he was able to step back and allow them to proceed, but with the provision that they at least perform a *taharah* and use *tachrichim* (traditional ritual cleansing and burial shrouds), place *afar* (earth) in the casket, and observe *aveilus* (the laws of mourning).

It's also important to recognize the importance of relieving *tiruf hadaas* (acute mental anguish) as part of healing. We have a small *sefer Torah* in my hospital's *shul* that was frequently taken to patients' rooms before I arrived on staff. When I began working there as a chaplain, I consulted two great *poskim*, one in New York and the other in Israel, because normally we are careful not to remove a Torah scroll from the *aron* unless we are going to read from it. However, both *rabbanim* told me that even though it may not be traditional to bring a Torah to a patient's bedside, if it relieves their emotional suffering and helps them heal in one way or another, not only is it permissible but it can also be considered *pikuach nefesh* (saving a life)! Similarly, like doctors, chaplains are on call at all hours for emergencies. *Baruch Hashem*, I have been able to work out a system whereby I have never had to be *mechallel Shabbos* for my job, but I asked a prominent *posek* in Eretz Yisrael if there could ever be a case in which a chaplain could override Shabbos for the sake of a patient. This *rav* responded emphatically that if the patient is very ill and we know for a fact that our presence can improve his condition, then just like a doctor, a chaplain should do whatever it takes to be there for the patient (*yasuvei daita is docheh d'oraissa*). There are limits to this principle and its application requires *rabbinic* guidance, but it is crucial to bear in mind.

So what's my role as a *frum* Jewish chaplain? It's related to the role of a Jewish hospital in general. The institution I work for is a proudly Jewish hospital with a huge *Magen David* on its building and kosher *mezuzas* on every door. Does that mean that we should force everyone who enters our hallowed halls to eat kosher food or that all medical decisions are made in accordance with *halachah*? We live in a society in which autonomy

is the primary value. My job is not to undermine that autonomy but to enable Jewish law to be observed to the greatest extent possible whenever necessary, and to make sure that it is Jewish-law-friendly, while tolerating those who choose not to abide by it. Everyone appreciates being respectfully informed of Jewish values and having someone ensure that those who want to follow them are completely enabled to do so if they wish. If a situation arises in which I can influence decisions in favor of Jewish law or values then I may opt to do so, but not in a heavy-handed manner.

I have been told that Rav Shlomo Zalman Auerbach, *zt"l*, once said, in response to suggestions that certain *halachic* observances be enforced under Israeli law, that there is no law in Israel that obligates baby boys to receive a *bris*, but virtually every Israeli baby boy has one. Why? Because religious coercion doesn't work. Voluntary encouragement does. So not all food served in my hospital is kosher, but there is a state-of-the-art kosher kitchen preparing fresh food daily at no extra expense to patients who choose to order it. Similarly, when we encourage patients and their surrogates to narrate their own values and goals, if they choose to follow *halachah* despite its occasional divergence from standard medical practice, we invoke our "reasonable accommodation policy" that allows their wishes to be respected and upheld.

Actually, this is not always easy. Physicians sometimes declare aggressive end-of-life treatment to be "futile" sooner than I am comfortable with. The value that Judaism places on every second of life is not always shared by society at large. The concept that a person may choose to undergo a certain amount of pain in order to remain alive is not always appreciated, nor is the fact that certain decisions in a hospital are actually moral, ethical and religious, not medical or scientific. Chaplains play a crucial role in navigating modernity and tradition. Attempting to balance my role of serving as an advocate for a patient and his values while remaining a full member of the interdisciplinary health care team is complex, but it is also a privilege and quite an opportunity, when done right, for positive influence and the sanctification of G-d's name. ●

Note: None of the above is to be understood as *halachah lemaaseh*. As stated above, every issue must be decided on a case-by-case basis by one's own *rabbi* or *posek*. In the stories I have shared above, I have not included all of the issues involved, and some details have been changed to maintain privacy.