

Health Care Discussion Guide

Rabbi Richard F Address, D.Min
www.jewishshsacredaging.com

A: Setting The Stage:

1. Our Bodies from God. Fundamental relationship with God..created in God's image (*tzelem*) mandate to take care of this body as a reflection of relationship with God and self. We must be careful regarding health in order to be able to "stand in life before God" ...we affirm the interconnectedness of mind-body and soul (Holistic)...
2. A fundamental ethic, derived from texts on bio-ethics and analyses of texts related to care-giving (5th Commandment, Talmud, etc) can be expressed as "dignity and sanctity of human life and the preservation of human life in dignity and sanctity" ...concepts of "honor" and "respect" and dignity paramount.
3. Traditional texts remind us that we must live in town with doctor (Maimonides), that one must not stand by "the blood of another" (Lev. 19), that it is obligation to restore health to one who has lost it (DT. 22 and Maimonides, and Shuchan Aruch)
4. All life is equal.."my blood is redder than yours"..allocation of scarce resources decided on basis of most benefit and based on medical issues not social standing, etc. "The mood of our tradition then underscores the fundamental value of life, it equality, and the principle that in deciding to whom to allocate scarce resources the choice is to be made based upon which person would receive the greatest benefit from those resources."

B: A Sample of Contemporary Views of Scholars Based on Jewish Tradition.

1. *Medical Needs and Societal Obligations*. From "Judaism, Justice, and Access to Health Care" Kennedy Inst. Of Ethics. June 1991
Dr. Aaron L. Mackler

The *tzedakah* model sees society as having a more general obligation, insofar as possible, to enable each individual to enjoy a full life, by restoring lacks and providing basic needs requisite to fit within a species-typical functioning....

The provision of preventive medical care is less clearly mandated by traditional Jewish sources than is curative care or rescue. Such sources recognize the importance of personal preventive care, and Maimonides asserts a positive obligation 'to avoid anything that is injurious to the body, and to conduct oneself in ways that promote health.' (Maimonides Mishneh Torah Deot 4)...

Citing a Responsum from Rabbi Waldenberg, Mackler cites “the requirements of the Jewish understanding of justice for health care can be met in a variety of ways. These might include direct provision of care in public hospitals and clinics, an expansion of Medicaid, universal health insurance, a system involving vouchers and market competition, government contracting with medical providers or some combination of the above. Further research and evaluation are needed to determine how to most effectively and efficiently meet society’s obligation for assuring access to health care.

Still, some requirements are clearly implied by the *tzedakah* model. Access to all health care needed by any individual must be assured. Those individuals with greater needs must assuredly be provided with greater health care, through available insurance or direct provision of resources. Finally, those who make choices (in lifestyles of health care) that turn out to be unfortunate or irresponsible thereby attenuate their claims to societal support, but do not forfeit all such claims....society must continue to provide some care even for those responsible for their own misfortune, especially in cases involving threats to life.”

2. *In Matters of Life And Death*: Elliott Dorff
JPS, 1998

Jewish sources make it clear, though, that health care is not only an individual and family responsibility but also a communal one. This social aspect of health care manifests itself in Jewish law in two ways: first no community is complete until it has the personnel (and, one assumes, the facilities) to provide health care; second, the community must pay for the health care of those who cannot afford it as part of its provision for the poor.

As health care has become more effective and also more expensive, it is no longer the poor alone who need communal assistance; it is most members of society. It is as if all of us today are poor vis-à-vis health care, and the community therefore, on the basis of the Jewish sources, has a responsibility to ensure that all of us receive the health care we need. This does not mean that everyone should get every possible treatment, no matter how high its cost; the community has both the right and the duty to make considered decisions about how it will allocate its resources among its various responsibilities.

The Jewish demand that everyone have access to health care does not necessarily mandate a particular form of delivery, such as socialized medicine: any delivery system that does the job will meet these Jewish standards. So, for example, the current combination in the United States of employer-related insurance plans, individual payments, and government programs like Medicaid would suffice *if* that blend were effective in providing health care for everyone within our borders. However, the fact that more than 40 million Americans have no health insurance whatsoever is, from a Jewish point of view, an intolerable dereliction of society’s moral duty. And the fact that some of those people will ultimately get health care in

the most expensive way possible—in the emergency room, usually when they are sickest—means that as a society we are also currently neglecting our fiduciary responsibility to one another to spend our communal resources wisely.

While the specific form of health care system may vary, Jewish ethics definitely demands that American Jews work to ensure that the United States, as a society, provides health care to everyone in some way.

3. *Jewish Ethical Themes That Should Inform the National Healthcare Discussion.* Jeff Levin, PhD, MPH. “Judaism and Health”. Jewish Lights 2013.

Levin discusses a series of texts that he feels can inform the discussion. He stresses that the discussion can be formulated around 10 Jewish values:

- i. *Brit*: covenant: stressing our relationship with God, being created *tzelem elohim*, reminding us that our actions reflect that relationship
- ii. *K'dushah*: holiness: we respect the needs of others, thus model *tzelem*
- iii. *Tzedek*: justice: we obligation to restore that which people “lack” so that people do not suffer
- iv. *Chesed*: mercy (kindness):for those in need. Discussions need to be civil and prudent, no “rush” to judge
- v. *Mipnei darchai shalom*: for the sake of peace: we must act for the good of the community as a whole..more important to “do” right than to “be” right.
- vi. *P'kuach nefesh*: to save a life: a key concept/mitzvah. We cannot stand idly by (Lev. 19) as people suffer, are in need or lack basics which could threaten life.
- vii. *K'lal*: peoplehood: this is a mandate for Jewish people to engage in the world
- viii. *Tikun olom*: repair the world: build on *klal and brit* it is how we translate these values to the world at large...always following fundamental relationship of *tzelem*
- ix. *T'shuvah*: repentance: how we address healthcare “speaks to how we, communally, recognize our pressing need to return to obedience to God or fidelity to our highest values, however each of us cares to conceptualize this charge”
- x. *Yoveil*: jubilee: “If some people’s essential healthcare needs are not being met, through no fault of their own or even otherwise, then God requires of us, voluntarily at least, a redistributive justice bolder than any secular government would dare to legislate. Whether we are speaking of federal government involvement, private or philanthropic sector involvement, or something else entirely is not the issue here. But, however we choose as individuals, as communities or as a nation to work that out, a Jewish

understanding is that we most certainly are obliged to act, without reservation.”

4. *Health Care and the Ethics of Encounter: A Jewish Discussion of Social Justice*. Laurie Zoloth. PhD. Univ. N. Carolina Press. 1999

- Distributive Justice: the nature of a socially just allocation of goods in a society. A society in which incidental inequalities in outcome do not arise would be considered a society guided by the principles of distributive justice. The concept includes the available quantities of goods, the process by which goods are to be distributed, and the resulting allocation of the goods to the members of society. .. In social psychology, distributive justice is defined as perceived fairness of how rewards and costs are shared by (distributed across) group members. For example, when workers of the same job are paid different salaries, group members may feel that distributive justice has not occurred.
- * The Ethics of Encounter: “The Jewish tradition offers resources of method, text and history for the recovery of a language of public values of community and the possibility for reconsidering the centrality of collective responsibility. The Ethics of encounter demands a serious appreciation of the power of the stranger—*of the necessity of the stranger.*”
- * Zoloth looks at a series of classic texts to get to a sense of how tradition can look at the issue of health care and distribution of resources. She examines the Talmud text of 2 people in desert with only enough water to drink for 1. (Baba Metzia 62a); texts that look at ranking of human life, texts that deal a “siege” (can a person be given over to a band of bandits in order to save the whole) and the concept of the *rodef*, the pursuer. (illness = a *rodef*, and thus responsibility of community to eradicate that which is in pursuit of person) Finally she examines the Book of Ruth as a model.
- * Zoloth looks at the Hebrew word for “to cling” or “cleave” *dbq* and sees in Ruth the idea of community responsibility that encounters and welcomes the stranger. She sees the need for personal encounter “one needs the radical recognition that what one chooses for the body of another will happen also to one’s own body; it is the physicality and the *dbq* character of the encounter. The encounter must be insisted upon.”
- * “A world in which health care access is defined by a market metaphor is inevitably unstable, to say nothing of immoral. First, access that is universal must be assured. The question of the justification of such a basic decent minimum can be answered in part, by the response of the community to the

vulnerable in the Ruth text.” (a corner of fields to be left for those who cannot provide for self) “...the language of Ruth teaches that the child of the most vulnerable and excluded really is the salvation of each of us...the death of the other, the illness of the other, and the vulnerability of the other are your own...Unlike citizenship, the term *dbq* suggests to us that human beings are, by absolute definition and design, relational. Justice is then personal: it calls for no less than the totality of re-membering, of re-call, of the person who walks beside you...Rather than living in a world described and defined by the necessity of autonomous choice, freely made, most people live in the relational, obligatory, and interconnected world, a world far messier and heavily freighted, for more passionately loving and passionately hating, than that described in philosophic texts....Community is prior to autonomy. We know this is true from the commonest of details of an ordinary life, and it is from these details that the language of justice must also be created.”

* *All Israel is responsible one for the other: kol yisrael aravim zeh l'zeh (Sanhedrin 27b)*