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## 17.1 Judaism: An Overview

Any attempt at a summary of Judaism must include some of its most cherished stories since it is a religion of stories. The following is one of many that are told and retold, as it speaks to the very core of the Jewish religion. A prospective convert comes to the house of the great rabbi, Shammai. He asks the rabbi to explain the whole *Torah* (Judaism's central religious text) to him as he stands on one foot. Understandably annoyed, Shammai shoos him away. The same convert next knocks on the great rabbi Hillel's door with the same request. Hillel replies: "That which is hateful to you, do not do to your neighbor. That is the whole Torah. The rest is commentary. Go learn" (Babylonian Talmud, Shabbat 31a).

Judaism is a religious tradition that has existed for approximately four thousand years. One of its core, enduring contributions is its unique articulation of monotheism, the belief in one God. Its central written law, the Torah, is traditionally believed to have been divinely given to the Jewish people at Mount Sinai, through the prophet Moses. A separate oral law, or interpretive tradition that expounds upon the Torah, was transmitted by word-of-mouth for generations until it was written down in the form of texts entitled the *Mishnah* (c. 200 CE), the *Talmud* (Palestinian c. 350 CE and Babylonian c. 500 CE), and subsequent legal codes. These sources, along with rabbinic responses to difficult questions that arise in their time, comprise the corpus of *halakhah* (literally, "the way"), or traditional Jewish law.

Judaism is not a monolith, but rather a rich, diverse tradition, which grows deeper the more it is explored. It contains a wide spectrum of ideologies, beliefs, practices, and ethnic backgrounds. Major movements in the U.S. include the Orthodox, Conservative, Reform, Reconstructionist, and Renewal groups, though this is not a comprehensive list. What most differentiates these denominations is their respective approaches to halakhah, and the delicate balance between tradition and change, which each addresses in its own way.

If we imagine an old-fashioned weight scale, then Orthodoxy is a scale that leans in favor of the "tradition" side. This does not mean that the "change" plate is empty. It simply means that greater deference is given to the received tradition, which is often interpreted along strict lines. The Conservative Movement might be visualized as a middle setting. The "burden of proof" still rests on those seeking to alter the tradition, but laws are generally interpreted less strictly in order to more actively accommodate modern concerns and lifestyles. While both of these denominations consider halakhah to be binding, the Reform Movement generally understands Jewish law to be wisdom and guidance that should be autonomously observed or rejected by each individual Jew. This scale leans toward "change," or "reform," emphasizing individual choice, but that does not mean that the "tradition" plate is empty.

Within each denomination and each person is a process of evolution. No one fits neatly into a box. It would be a mistake, therefore, to rely on generalizations when

attempting to ascertain one's values, practices, and beliefs. These vary on a case-by-case basis and are best understood through a relationship with the particular person involved.

It should also be noted that many Jews are unaffiliated with a movement. Judaism sees itself as both a religion and a peoplehood, which means that one may claim Jewish identity regardless of personal belief or practice. In other words, an atheist Jew is just as much a Jew as anyone else. There are plenty of people who consider themselves to be "culturally Jewish," demonstrating that while Judaism is a religion, it is also a heritage and a culture with its own distinct foods, music, dance, and more.

The three largest Jewish ethnic groups in the U.S. are Ashkenazi (those originating from Germany, France, and Eastern Europe), Sephardi (those originating from Spain and Portugal), and Edot Mizrach (those originating from the Middle East and North Africa). Collectively, the Jewish people comprise less than two percent of the U.S. population and significantly less than one percent of the global population. Though small in number, Jews are found in vibrant communities around the world, each sharing key similarities and differences.

What are some of these core beliefs, and how, ultimately, do they inform end-of-life practices? In the opening chapter of Genesis, the first of five books of the Hebrew Bible (Torah), God creates human beings *b'tzelem Elohim*, meaning, "...in the image of God" (Genesis 1:27). Human beings are therefore inextricably linked to their Creator, each possessed of innate holiness and deserving of dignity and respect. This also suggests a fiduciary relationship to one's body, which is on loan from its divine source and not entirely at one's disposal, to do with as one pleases.

Another core, foundational, belief is that of *brit*, or "covenant." In Judaism's central biblical narrative, God delivers the enslaved children of Israel from servitude to freedom. The culminating moment of their desert wanderings is the giving of the Torah at Mount Sinai, as part of an eternal *brit* between the divine and the people. The laws it contains are all-encompassing, informing everything from large-scale societal issues, down to minute personal matters. They also delineate set times for rest, worship, and ritual observance. Because many of these laws have always required interpretation and adaptation to evolving social and historical contexts, the rabbinic enterprise makes central the need to mull over, comment upon, and hotly debate the received tradition, as deeper understanding is only achieved through questioning. Judaism strongly encourages thoughtful questions and arguments.

Its enthusiastic embrace of interpretation and debate comes with its own set of challenges. One cannot simply present end-of-life practices without inviting the reader to take an active part in the discussion. This is particularly true when considering two core Jewish values, namely *pikuah nefesh*, or "saving life," and the obligation to alleviate pain and suffering. The Jewish commitment to *pikuah nefesh* overrides almost any other commandment, demonstrating how sacred Judaism considers each and every life to be. In clinical settings, this must often be held up against Judaism's parallel commitment to safeguarding the dignity and comfort of

terminally ill and dying individuals. The scale image again proves useful, this time in visualizing the delicate balance between saving life and alleviating suffering.

What follows is a survey of crucial bioethical concerns that health care practitioners frequently confront when caring for Jewish patients, as well as laws, rituals, traditions, customs, beliefs, and practices surrounding one's final days on earth and beyond. Considering the diverse nature and needs of this group, it is highly recommended that medical teams employ a holistic approach to healing, collaborating with hospital chaplains and the patient's rabbi, where applicable, who can consult on matters of halakhah when this is of concern to the patient. Jewish prayer begins each new day by praising God for the wondrous intricacies of the body, as well as for the transcendent nature of the soul. Ideal medical care for Jewish patients, and indeed for most patients regardless of faith tradition or lack thereof, ought to strive to meet one's physical and spiritual needs. This chapter is equally intended for non-clinicians who are interested in learning more about the subject. On one foot, it can all be summarized as "Love your neighbor as yourself" (Leviticus 19:18). The rest is commentary. So, let's "Go learn."

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## 17.2 Palliative Interventions and Jewish Tradition

### 17.2.1 Life-Sustaining Treatments: General Principles

In the Torah, God instructs the people of Israel, "I set before you life and death, blessing and curse. Choose life..." (Deuteronomy 30:19). This might create the impression that Jewish law prioritizes preserving the life of the patient at all costs. While this is generally the case, to "Love your neighbor as yourself," carries with it an obligation to alleviate pain and suffering, concomitant with the concern for survival. Palliative care, therefore, which seeks to optimize the quality of life for patients dealing with serious illness, is not only acceptable, but also praiseworthy and encouraged (Weiner, 123).

According to halakhah, the general principle is that it is forbidden to hasten death (Mappah, Y.D. 339). Even when a patient is deemed a *goses*, meaning, an individual who is actively dying, it is not permitted for one to shut the eyes of this person (a customary act, showing respect for the dead), since doing so might possibly expedite the dying process even a single moment (Shulhan Arukh, Y.D. 339). That said, Judaism views death to be a natural part of life, given that there is "A time to be born and a time to die" (The Byrds, "Turn, Turn, Turn" Side 1: Track 1. Also, Ecclesiastes 3:2). It is not required, then, that one initiate medical interventions on a *treifah*, meaning, a terminally ill patient, if doing so would only briefly prolong a life of suffering and pain. On the contrary, impediments to the dying process may be removed to allow nature to take its course (Mappah, Y.D., 339; Sefer Hasidim, 234). The story of the death of Rabbi Yehudah ha-Nasi (Babylonia Talmud, Ketubbot 104a) is often cited to demonstrate this principle. It can be summarized as follows:

Rabbi Yehudah ha-Nasi is on his deathbed. His fellow rabbis decree a public fast and gather at his doorstep to pray that God keeps him alive. Meanwhile, his maidservant climbs up onto the roof and says, “The upper world (i.e. God) and the lower world (i.e. Earth) are both requesting Rabbi Yehudah ha-Nasi. May it be God’s will that the lower world imposes its will upon the upper world.” This all changes, however, when she sees the extent of the dying rabbi’s pain and suffering. She then reverses course, saying, “May it be God’s will that the upper world imposes its will on the lower world.” Seeing how the rabbis continue to pray fervently for his life, she takes a jug and throws it from the roof and onto the ground. Startled by the sound, the rabbis are distracted from their prayer for one moment, and Rabbi Yehudah ha-Nasi dies.

This story speaks volumes about some of the conflicting concerns a clinician, family member, or friend might experience when caring for a dying patient. Because the Talmud does not actually comment on whether the maidservant acted nobly or not, this passage also demonstrates how different interpretations of sacred text can breed opposing opinions on matters of practical palliative care. In other words, the same general principles may be interpreted along strict or lenient lines, even from within the same denomination.

For example, most Jewish opinions agree that if aggressive interventions hold more promise of pain than cure, they may be withheld from terminally ill patients. When it comes to basic needs like nutrition and hydration, however, stricter views hold that they may not be withheld, while more lenient positions argue that even they may be compassionately withheld. Regarding life-sustaining treatments, stricter opinions oppose withdrawing them once they have already been initiated, since that could then be considered hastening death. More lenient positions, however, allow for their withdrawal if they are not helping to improve the patient’s condition. Finally, since continuous forms of treatment, such as ventilators and pacemakers, are constantly at work, stricter interpretations generally oppose stopping them once they have been initiated. Cyclical/intermittent forms of treatment, such as chemotherapy and defibrillators, however, may be re-evaluated and stopped between cycles, since each new round can be considered to be like a new treatment. More lenient positions argue that even continuous forms of treatment may be stopped when this is carefully determined to be in the patient’s best interest. These general principles appear time and again when discussing specific bioethical concerns and clinical applications.

## **17.2.2 Artificial Nutrition and Hydration**

Food and water are considered basic needs. In cases where patients are unable to ingest food and water orally, the administration of artificial nutrition and hydration can be considered to be required by Jewish law. If patients strongly refuse to be nourished in this way, however, one does not force or compel compliance

(Weiner, 125). Interestingly, American law provides that patients may refuse artificial nutrition. Why do Jewish sources resist this, and what accounts for the lack of consensus within the tradition?

The nature of this debate lies in whether or not artificial nutrition and hydration should be categorized like regular food and water, which is generally seen as mandatory, or if it should be classified as medicine, which is optional. Stricter stances go with the former, but compelling cases have been made to view it as medicine, [A Jewish Approach to End-Stage Medical Care by Rabbi Elliot Dorff, 100–106] which accords with American law. This takes into account the fact that patients nearing the end of life often lose their appetite, diminishing the need to mitigate the discomfort of hunger or thirst. For these individuals, the administration of nutrition, either orally or through tubes, might increase discomfort or present the risk of choking, aspiration, or infection. Jewish tradition strongly prioritizes the comfort and dignity of the dying, which is why less invasive forms of nutrition and hydration like menthol swabs, feeding for pleasure, or ice chips may also be used where helpful (Weiner, 125).

### **17.2.3 Intubation/Extubation and Mechanical Ventilation**

Along with nutrition and hydration, oxygen is also considered to be a basic need. Intubation and mechanical ventilation are generally aggressive interventions and most Jewish sources agree that they may be withheld in certain cases. Regarding extubation, stricter positions oppose extubation if it is likely to result in the patient's subsequent decline and death, but allow weaning off when patients are expected to stabilize and regain the capacity to breathe on their own for a certain amount of time (Weiner, 140). More lenient opinions hold that extubation is allowed when continued intubation is no longer medically appropriate.

Some Jewish authorities also argue that palliative extubation is allowed when a patient is considered to be a *goses* (one who is dying imminently) (Weiner, 127). In this scenario, mechanical ventilation may actually be seen as impeding the person's natural transition from life to death, and would therefore be removable. The problem is, it can be very difficult to determine if death is imminent. Assuming this can be ascertained, comfort care measures are crucial in attempting to facilitate a compassionate death for the patient.

There is another notable option, which some Jewish authorities permit and has become accepted policy in Israel (Pan et al., 1263). Accordingly, ventilators may be set to a timer, automatically shutting off if not actively restarted. This allows the medical team to assess the patient's progress on the machine. If the patient is not benefiting from the intervention, then it can be passively discontinued. The timer ostensibly shifts the mechanical ventilator from being continuous treatment to being intermittent/cyclical, where each cycle is considered to be like a new treatment that may be compassionately withheld (Pan et al., 1263).

### **17.2.4 Dialysis**

While dialysis is technically an intermittent treatment, it is actually an exception to the rule. Because it often serves as a regular part of a patient's medical routine, dialysis essentially becomes recategorized as continuous treatment. This means that, by strict standards, some are of the opinion that it should not be withheld between cycles (Weiner, 142). If, however, a patient is new to dialysis, receives a kidney transplant, or is not improving, suffering, and dying, then it may be discontinued between cycles.

### **17.2.5 Sedation and the "Double Effect"**

The Jewish obligation to mitigate suffering runs deep. It is expected not only among human beings, but for animals, as well. There is a law in the Torah that if one sees a donkey lying under the weight of the burden that has been loaded onto it, one must help raise it back up again by removing some of the weight (Exodus 23:5). Similarly, Jewish law suggests that one must not look on the suffering of another person who is weighed down by the overwhelming burden of serious illness without seeking to mitigate some of this pain through appropriate intervention.

Ethical concerns arise, however, around the use of medications like morphine and other opioids that may be perceived to hasten death by contributing to respiratory depression. This is the concept of "double effect," given that the same treatment may have dual outcomes, where one is morally desirable and the other is not. Some hold that such medication may be administered only to the point that doctors are assured that it will not hasten death ["A Halakhic Ethic of Care for the Terminally Ill" by Rabbi Avram Reisner, 29]. Others hold that patients are permitted to receive opioid pain medication even if it might possibly hasten death so long as the intention for its use is relief of painful suffering, and not to end life ["A Jewish Approach to End-Stage Medical Care" by Rabbi Elliot Dorff, 82]. In this case, it would still be prohibited to knowingly administer a lethal dose of morphine.

### **17.2.6 Euthanasia and Aid in Dying**

It is widely accepted that Jewish law strongly prohibits euthanasia (when a physician actively ends a patient's life according to the patient's wishes) and aid-in-dying (when a patient ends the patient's own life, with physician help). Even though a growing number of U.S. states have now enacted legislation that permits aid-in-dying, halakhah is clear that the body belongs to God and may not be intentionally injured or destroyed (Mishnah, Bava Kama 8:6–7). This principle is clearly demonstrated in the Talmudic account of the death of Rabbi Hananyah ben

Teradiyon (Babylonian Talmud, Avodah Zarah 18a), summarized here, with the warning that it is quite graphic:

Rabbi Hananyah ben Teradiyon is sentenced to death for teaching Torah in public, an illegal act under Roman law. As punishment, he is wrapped in a Torah scroll, and the two are set on fire. Not only that, tufts of wool soaked in water are also placed on his heart to slow the flames and increase the pain of burning. As the rabbi is being executed, his students advise him to open his mouth so that the flames may enter him and kill him sooner. Rabbi Hananyah ben Teradiyon answers, "It is better that the one who takes my life is the one who gave it to me (i.e. God), but a person should not harm one's self." The executioner, stirred to help, offers to remove the tufts of wool and increase the flames in order to reduce the pain. The rabbi accepts this intervention and is consumed by the flames.

It goes without saying that this story is an extreme example of torturous execution, which seems to have little to do with patients in a hospital setting. That does not stop generations of rabbis, however, from deriving laws from it that inform practical end-of-life decision-making. Rabbi Hananyah's refusal to harm himself, even when doing so would have spared him severe pain, can be interpreted as a prohibition against active euthanasia. His acceptance of the executioner's offer to remove the tufts of wool and to increase the flames can be interpreted as sanctioning "passive euthanasia," or the removal of impediments to the dying process in order to allow natural death to occur. It is further clear from this passage that the rabbis strongly oppose self-harm. Some Jewish authorities do make an exception for martyrdom, and the Talmud states that a person should choose death over being forced to commit murder, idol worship, or acts of licentiousness (Babylonian Talmud, Sanhedrin 74a), but euthanasia is not among these exceptions.

There are still a number of compassionate options that Jewish tradition offers suffering patients who wish to end their lives. First and foremost is the sincere, non-judgmental attempt by a holistic team to address the underlying needs and worries of a patient seeking death. These may include, among other concerns, the need for control, the financial burden of medical care and hospitalization, mental illness and depression, and unbearable physical or psychological pain. While aid-in-dying is not a conventionally accepted recourse, Jewish law stresses the importance of proper medical and spiritual care to provide as much comfort, support, and compassion as possible. This may take the form of pain and symptom management, mental health support, spiritual care, social work, and referral to palliative care or hospice programs (Weiner, 173). There are also times when it is considered permissible for a patient to decline certain life-sustaining treatments, or for unsuccessful interventions to be withdrawn (though this latter point is debated).

It has further been argued that aid-in-dying may actually be permitted exclusively in cases where terminally-ill patients are in uncontrollable pain ["Assisted Suicide/Aid in Dying Reconsidered," by Rabbi Elliot Dorff]. This position considers it unethical to watch a patient scream one's way to death, noting that since "God's compassion embraces all God's creations" (Psalms 145:9), a very narrow exception can be made. If a dying patient is experiencing intractable distress, Jewish arguments can be made for palliative sedation, even to unconsciousness, which



would allow the patient to eventually undergo a natural death, or for compassionate aid-in-dying. This argument still acknowledges that in the vast majority of cases, both clinicians and patients have a sacred duty to alleviate pain and sustain life, not end it.

### 17.2.7 Advance Directives and DNR/DNAR/DNI Orders

Advance directives are crucial documents that protect one's autonomy in end-of-life medical decision-making. They help ensure that patients' values and wishes are honored in the event that they can no longer make these decisions themselves. In these cases, they also protect the interest of family members and dear ones, who would otherwise be put in the distressing position of having to make difficult decisions on the patient's behalf. With an advance directive, close ones can, instead, more confidently play their role in lovingly carrying out the patient's will.

There are two main types: a living will and a proxy/durable power of attorney for medical care (Kinzbrunner, 571). The former indicates a patient's preferences for end-of-life care, including interventions one does and does not want. The latter appoints one or multiple surrogates who are empowered to make these decisions for the patient if/when the patient loses the capacity to do so.

In some traditional circles, a living will is seen as controversial because it can prioritize individual autonomy over adherence to Jewish law. Along these lines, some Orthodox rabbis argue that a durable power of attorney for medical care is preferable since a competent rabbi may be appointed who can advocate for medical care that aligns with the patient's religious values. While this point remains valid, it is worth clarifying any misconception that a living will is at odds with Judaism. On the contrary, it is an important opportunity for a patient to communicate needs and values. The Conservative and Reform movements also offer their own versions of advanced directives, which can be very helpful. To mitigate any concerns about autonomy versus Jewish law, one can always complete one's living will with the help of one's rabbi.

DNR's (Do Not Resuscitate) and similar orders (Do Not Attempt Resuscitation, Do Not Intubate) have also been met with resistance by Jews who feel that these violate *pikuah nefesh*, the obligation to save life. As explored above, however, there are instances where life-saving interventions like intubation may be withheld. A patient can also decline the use of CPR, given low success rates in seriously ill patients and its potential to cause physical trauma like broken ribs, particularly for elderly patients ["A Jewish Approach to End-Stage Medical Care" by Rabbi Elliot Dorff]. In sum, halakhah permits the use of DNR orders for patients with incurable illnesses who are near death, suffering, and do not want to be resuscitated (Weiner, 122). Some opinions hold that DNR orders are also appropriate for patients when a "full measure of life" cannot possibly be restored ["A Halakhic Ethic of Care for the Terminally Ill" by Rabbi Avram Reisner].

The importance of thoughtful consideration as to the type of death one ultimately wants cannot be stressed highly enough. What are the values one wants

to uphold when the time inevitably comes? How does one weigh quality versus quantity of life? Who are the key individuals one entrusts with such delicate matters if one cannot decide on one's own? It is never too early to complete advanced directives. Unfortunately, it can only ever be too late.

It is highly encouraged that patients also revisit their advanced directives every three to five years to reaffirm their wishes or to make any desired adjustments. This helps ensure that a directive aligns, as closely as possible, with the patient's most current, up-to-date values and goals.

### 17.2.8 Definition of Death

The definition of death is also debated in Jewish law, since the same source text can be read in different ways. The Talmud suggests that if a building collapses on *Shabbat*, the Jewish day of rest, and a person is buried beneath the rubble, one must break the laws of *Shabbat* by clearing away the debris up to the victim's nose in order to determine if the person is still breathing (Babylonian Talmud, Yoma 85a). This is because, as explained earlier, saving a life overrides almost all other commandments, including *Shabbat*.

One way to understand this story is that Judaism's technical definition of life is spontaneous respiration. This is supported by a Biblical verse in the story of Noah: "All in whose nostrils was the breath of the spirit of life" (Genesis 7:22). Advocates for this interpretation conclude that the careful medical determination of brain death sufficiently defines death, since the brain stem controls spontaneous respiration. Once this is no longer functioning, a person is considered to have passed.

The stricter position, however, is that death is the absence of both spontaneous respiration and cardiac function. That is to say, it is the complete cessation of bodily motion (Rosner, 43). Until that point, almost anything that can be done to maintain life must be done. This reading of the Talmudic story argues that uncovering the victim's nose is simply the quickest way to uncover a *sign* of life (i.e. breath), but that heartbeat and respiration together are the true metrics by which life is actually defined.

A third understanding points to another source, this time from the Mishnah, which indicates that decapitation is sufficient grounds for determining death (Mishnah, Oholot 1:6). A person who is decapitated is considered to be dead even if parts of the body continue to move, given that cells may continue to function for a period of time after a person dies. Though not an exact parallel, this line of reasoning is used to support the case for physiological decapitation, or the notion that brain death marks the end of life.

The position one takes in this debate has far-reaching implications. For instance, if a medical team determines a patient to be brain dead, but that patient's heart continues to beat and the flow of oxygen is maintained through a mechanical ventilator, how would Jewish values inform the care for this patient? Numerous ethical considerations arise, such as the emotional and financial burden of keeping

a loved one alive in a vegetative state, concerns around the patient's dignity and quality of life, as well as the question of triage and keeping a hospital bed occupied that might otherwise be used to save another life. On the other hand, Judaism does not permit sacrificing one person's life in order to save another (Babylonian Talmud, Sanhedrin 72b), and there might be an equal, if not greater emotional burden for having "pulled the plug" on a loved one, who was still considered to be alive by many traditional authorities.

While there is much debate regarding how to define death in Judaism, it is worth noting that both American law and the Israeli Chief Rabbinate accept irreversible brain death as definitive (Weiner, 188). Given that cultural and religious understandings of death might differ from Western biomedical definitions of it, sensitivity and appreciation for nuance can only help Jewish patients and families cope with grief and loss.

### 17.2.9 Organ Donation

There is a misconception that Judaism forbids organ donation. This largely stems from concerns around hastening death, the Jewish obligation to bury the entire body and the prohibition against benefiting from or desecrating a corpse. Some also worry that they could not be resurrected in a body missing parts (see: **The Afterlife: Jewish Views and Beliefs** below).

Definitions of death play a large role in discussions around organ donation because certain organs only remain viable for transplantation when there is a continued heartbeat. If one accepts neurological criteria, then it would be permissible to donate organs from a patient after the cessation of brain function, even if that patient's heart is still beating. If, however, one defines death as the absence of both spontaneous respiration and cardiac function, then this kind of organ donation would be considered hastening death and therefore prohibited. Both definitions are supported in Judaism (see above), so a case can be made for and against extracting and accepting organs from patients meeting only neurological criteria for death.

In less controversial cases, when a body is ruled to be dead by all standards, Judaism largely supports organ donation. One common objection is that a body must be buried as soon as possible after death. One might think, then, that a Jew cannot donate organs, which should be quickly buried along with the corpse. This is not the case, however, since organs are actually thought of as "coming back to life" in a recipient's body, meaning, they are no longer in need of burial (Weiner, 213). Moreover, because transplantation must be done quickly after death, there is no delay in burying people who are organ donors. Even if there was, the obligation to save a life overrides rabbinic laws around speedy burials.

Another objection lies in the prohibition against benefiting from or desecrating a corpse. This type of benefit (i.e. the preservation of life), however, is certainly allowed, so long as the donor willfully consented. Further, the procedures required to extract these organs are not what is meant by "desecration," which more accurately refers to negative, senseless destruction (Weiner, 213).

In the case of healthy, living, individuals, organ donation is considered a righteous act, and saving a life is a *mitzvah* (“obligation”). Given the degree of risk involved, however, it is by no means required, and is even forbidden in cases where doing so would be life-threatening for the donor. While *pikuah nefesh* charges Jews with responsibility for the lives of others, it does not promote the sacrifice of one’s own.

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## 17.3 Jewish Practices and Rituals Surrounding Death

Much of Jewish practice and ritual marks time and transition. In the evening prayer service (*ma’ariv*), Jews praise God for “rolling light away from darkness and darkness away from light,” as the sun sets and nightfall approaches. When Jews light candles on Friday evenings to usher in the Sabbath day of rest, they are marking a distinction between Shabbat and the surrounding weekdays. In traditional Jewish homes, even doorposts, which physically mark the transition between one room and the next, are imbued with ritual significance, since Jews traditionally affix *mezuzot* onto them (little boxes containing passages of scripture). It is no surprise, then, that Judaism has a whole host of rituals and practices surrounding death, which can be understood to be the time in one’s life when the sun sets and nightfall approaches, when work stops and eternal rest begins, and when one transitions from the room of this world to whatever is next.

### 17.3.1 Preceding Death

*Biqqur Holim*, or “visiting the sick,” is considered a *mitzvah*, or “obligation.” One rabbinic source claims that the visitor relieves one-sixtieth of the patient’s suffering (Midrash, Leviticus Rabbah 34). Judaism recognizes the crucial role any concerned person can play in alleviating the suffering of another. Along these lines, many synagogues organize *biqqur holim* committees in the hopes that none of its members should have to suffer alone.

It is worth mentioning here some of the things that a Jewish patient might find particularly helpful in a visit, whether that be by a professionally trained chaplain, a family member, or a friend. The recitation of psalms (liturgical poems found in the “Writings” section of the Hebrew Bible) might help bring comfort, as they contain themes that tend to resonate with patients’ experiences. These include calling out to God in times of distress, divine protection, and healing. The Book of Job is a similarly salient text, as it explores the nature of suffering and faith.

Prayer is another way to offer support to Jewish patients, keeping in mind that beliefs and attitudes toward prayer vary from person to person. For those who want to pray, the *Mi Sheberah* blessing is particularly appropriate. It asks God to send complete healing of body and soul to the sick person, whose name may be inserted into the blessing. Interestingly, most Jews have far more experience (and thus, comfort) with fixed, ordered prayer than they do with spontaneous,

personalized prayer. While inviting or helping to facilitate the latter might be most welcome, it is generally more common for Jews who are seeking prayer to turn to the traditional liturgy. Observant Jews might also want to pray three times a day, in accordance with *halakhah* (Jewish law). Chaplains or visitors can help these patients do so by ensuring that they have access to a *siddur* (Jewish daily prayer book), a *tallit* (ritual prayer shawl), and *tefillin* (phylacteries, or leather straps with boxes containing passages from scripture inside), though not everyone will want or request these items.

Jewish patients might also want to be given the means to celebrate Shabbat every Friday night and Saturday. Some hospitals offer Shabbat kits, which include the relevant ritual components like *challah* (braided egg bread), grape juice, and electric candles (since most hospitals forbid standard candles due to fire regulations). Finally, Jews who observe the traditional dietary laws of *kashrut* may be in need of certified kosher food, or, if offered, a kosher meal plan. This, however, goes a bit beyond the scope of visitation.

Hospital visits are difficult for many reasons. It can be very hard to find the “right words” to say to someone we care about, who is suffering. This is because there often are no “right words.” Instead of demonstrating care by attempting to “fix” the unfixable, visitors are encouraged to offer a compassionate presence and a listening ear. This can be an effective way of signalling to patients enduring respect and a sincere desire to empathize with what they are going through. Some people may want to share with visitors the details of their hospitalization or medical condition, while others may want to discuss anything but that. Often, just talking to patients about the same topics one would if they were well can be a powerful way of affirming their humanity and bringing comfort.

Jewish tradition adds one forbidden topic of discussion. Visitors (in this case, generally family members) may not discuss funeral arrangements amongst themselves or any such plans in the presence of a dying patient, even if the patient is unconscious, since this can be seen as a form of hastening death. Some also avoid this topic because they believe that everything is in God’s hands, so it is not one’s place to presume when death will occur. While it is certainly true that families confront a sea of logistical concerns in the aftermath of a loss and may be tempted to get a “head start,” traditional Judaism considers every moment of life to be precious and discourages such discussion in the presence of the dying.

It may be overwhelming to think in terms of visitation “do’s” and “don’ts.” At the end of the day, there are many meaningful ways to support Jewish patients. For the majority of people, it is simply the compassionate, empathetic presence of a friend or family member engaging in *biqur holim* that accomplishes the most.

### 17.3.2 Death

There is one prayer that is traditionally reserved for the moment of death. This is the *Vidduy* (“confessional”), the core of which is the *Shema*, Judaism’s central creed affirming the oneness of God. The purpose of *Vidduy* is to give dying

patients the opportunity to reconcile with the divine and to cleanse themselves spiritually of sins. Patients are encouraged to pause between the prayers that comprise the Vidduy and offer their own words so that nothing may be left unsaid, whether that be to God or to the people around them. This can take the form of apologies, expressions of love, gratitude, and forgiveness, or anything else the patient wants to communicate, if able.

The tradition also encourages, where possible, that the words of the Shema be the last ones uttered with one's dying breath. In addition to affirming God's oneness, the creed also bespeaks the unity of all things, which aligns with the Vidduy's overarching theme of reconciliation (Diamant, 40). When patients are unable to pray the Vidduy themselves, but close ones know or suspect that this would have been desired, Jewish tradition considers it just as valid for the Vidduy to be recited by another party on the patient's behalf (Yoreh Deah, 338). Language should not be thought of as a barrier, as these prayers are equally acceptable in their translations. Prayer and ritual, however, should never be forced on patients, who may very well have no interest in them.

There are many practices that have historically been done at the moment of death. These include closing the eyes and mouth of the deceased (once death has been confirmed), straightening the limbs, laying the deceased on the floor with feet facing the door, opening windows, lighting a candle, and pouring out water. Many of these originated as superstitions and folkways aimed at protecting the soul and guiding it on its way (Diamant, 48). While some have lost traction in modern times or should not be performed in a hospital setting, others remain meaningful ways to uphold the dignity of the deceased or represent the loss symbolically. Another meaningful practice is to open the hands of the deceased to enact the following rabbinic insight: "A baby enters the world with closed hands. A person leaves the world with open hands. The first says 'The world is mine.' The second says, 'I can take nothing with me'" (Midrash, Ecclesiastes Rabbah).

There are two other, far more common, practices performed after death. The first is the recitation of *Tziduk ha-Din*. This prayer acknowledges God as the one true judge. Some people take comfort in the notion that everything is in God's hands. Others refuse to understand death, particularly when acutely tragic, as God's decree. Still, others embrace prayer as a way to draw close to the divine in a time of loss. The other practice is *kriyah*, or the rending of a garment or symbolic black ribbon (explained further below). This is an outward expression of grief that can be traced back to biblical times (Genesis 37:34). It also serves to represent the bereaved individual's broken heart (Diamant, 72). Different customs inform when to perform *kriyah*. Some tear their clothes as an immediate response to learning of the death, some do it at the cemetery, and some, like certain groups of Sephardi Jews, wait until returning home from the funeral (Wolfson, 154).

Like everything else, one should keep in mind that these practices run the gambit of being immensely significant to some, unimportant or rejected by others, and everything in between.

### 17.3.3 After Death

Following death, Judaism prioritizes *kevod ha-met*, meaning, “respect for the dead.” While the emotional needs of surviving friends and family must certainly be addressed, Judaism recognizes that this is an especially uncertain and overwhelming time, even in cases where death was expected. In the immediate aftermath, many people are not emotionally ready to receive words of comfort, no matter how sincerely given. Traditional Judaism therefore postpones the comforting stage until after the body is buried. From the moment of death up until the moment the funeral ends, the deceased’s family is in a stage called *anninut*, or “deep sorrow.” They are exempt from any obligation outside of honoring the dead. Ideally, this gives them the opportunity to begin to process their loss and focus on the flurry of logistical tasks that awaits them. Friends and community members are encouraged to help with these burdens to the extent that they can.

One way to help is by volunteering to fulfill the mitzvah of *shemirah*, or “guarding” the body. The remains of a departed soul is likened to a Torah scroll, which, even after retirement from use, is treated as sacred (Lamm, 3). In traditional Judaism, it is considered disrespectful to leave one’s remains unaccompanied. For this reason, synagogues often form what is called a *hevra keddisha*, or “sacred society” comprised of unpaid, anonymous volunteers who take it upon themselves to carry out ritual obligations of preparing the body for burial. Members of the *hevra keddisha* accompany the body to the mortuary and take shifts sitting inside or just outside the room, generally reciting psalms. Jewish funeral homes may also offer this as a paid service, however because they are generally staffed around-the-clock, some people do not feel the need to arrange for *shemirah* (Diamant, 55).

Another end-of-life practice typically performed by a Jewish mortuary or *hevra kedisha* is that of *taharah*, or the ritual purification of the body. This involves cleansing the body, dressing it, and placing it in a coffin. The notion that a dead body emits ritual impurity traces back to the Torah (Numbers 19:11), prompting the need to “purify” the deceased’s remains. This is performed with utmost respect for the dignity of the dead. Modesty and privacy are maintained by ensuring that the genital areas are covered by a sheet and that those performing *taharah* share the same sex as the deceased. Practices have also been updated to meet the needs of transgender and gender non-conforming individuals in this regard [Toward a Gender-Inclusive Hevra Kedisha” by Keshet]. Lastly, *taharah* is also significant in that, during life, many Jews visit a *mikveh*, or ritual bath, to cleanse themselves spiritually and to mark transitions in their lives. *Taharah* makes similar use of water to underscore this ultimate transition.

Jews are traditionally dressed in a *kittel* (simple white robe) or *takhrikhim* (plain white shrouds) for burial. They may also be laid to rest wearing *talitot* (prayer shawls) with cut fringes, indicating that they are no longer bound by the commandments (Diamant, 59). Modern Jews might prefer to be buried in a favorite suit or dress, but others embrace the socially equalizing effect of traditional shrouds with its powerful reminder that “I can take nothing with me.” The choice of shrouds dates back to the *Talmud* [Babylonian Talmud, Ketubbot 8b], or oral law, and

attempts to avoid the scenario where one who cannot afford to bury a loved one in fancy clothing would endure embarrassment. It also recognizes that the pressure to bury a loved one ornately often adds to the already substantial financial burdens that come with death. This is also, in part, the reasoning behind the Jewish custom of burial in plain pine box coffins. Those with the means and desire to purchase more elegant coffins can certainly do so, but it is generally encouraged, instead, to select plain pine and donate *tzedakah* (charity) to a cause that was meaningful to the deceased.

The use of plain pine boxes also stems from the biblical verse: “For dust you are, and to dust you will return” (Genesis 3:19). This kind of coffin minimizes the separation between body and earth and encourages natural decay. Holes are bored into the bottom of the coffin to further increase this connection, and some Jews also follow the custom of placing dirt from the state of Israel inside. Plain pine coffins are also an environmentally responsible choice because they require less energy to make than metal caskets, and disintegrate in the ground. Burial in mausoleums is traditionally prohibited because it impedes this return to dust, but because there is a severe shortage of area for burial in large cities, increasing its cost significantly, many rabbis now permit such burial [“Alternative Kevura Methods,” by Rabbi Jeremy Kalmanofsky]. Embalming and cremation are traditionally prohibited because they involve acts that are considered desecrations of the body. In light of the Holocaust, many Jews avoid cremation because it evokes the image of the crematoria used by Nazis in concentration camps. Concerns about bodily desecration also motivate Judaism’s discouragement of autopsies, which scar, unless they are legally required or can be used in order to help others (Diamant, 60).

Judaism takes very seriously the obligation to honor the dead. In fact, respect for the dead is regarded as the ultimate act of loving-kindness because it is the only one that cannot possibly be reciprocated.

### 17.3.4 The Funeral

A Jewish funeral (or *levayah*, meaning, “accompaniment”) resembles, in many ways, what most might expect from any other religious burial ceremony. There is a service that includes psalms and prayers. There is a eulogy recalling positive qualities of the deceased. Family members and close friends are invited to fill the space with memories and with tears. The body is interred. Closing remarks are made, as well as final prayers. In the end, guests are generally invited back to the mourner’s home, where they come bearing food, comfort, love, and support.

Zooming in more closely, however, one finds certain features that make traditional Jewish funerals distinct. The most immediately apparent is how soon after death the funeral tends to occur. Prompt burials are understood to be biblically commanded by the verse: “You shall bury him the same day (...) His body should not remain all night” (Deut. 21:23). While various circumstances make same-day burials near impossible, and while funerals are halakhically forbidden on Shabbat



and other holidays, Judaism remains committed to burying the body as soon after death as possible.

The use of cosmetics on the deceased is discouraged. It is also unnecessary in a traditional Jewish funeral, which discourages an open casket. Closed-casket ceremonies are preferable in that they avoid any risk of dishonoring the dead through the public display of the body after it has already begun to decay (a process that begins rather quickly after death).

The graveside proceedings are imbued with ritual. First, it is considered an honor to serve as a pallbearer and help carry the coffin to its eternal resting place. It is customary for pallbearers to stop in their tracks three or seven times between the hearse and the gravesite in order to display reticence to the act of burying a loved one. Even if the funeral itself occurs promptly, the act of burial should be carried out with awe and reluctance.

If the rending of garments and the recitation of the Tziduk ha-Din prayer (mentioned above) have not already been done, they are commonly performed at graveside or immediately after the funeral (Diamant, 72). These can be done with the help of officiating clergy. Historically, kriyah involved the tearing of one's physical garment. While this is still in practice today, many tear a symbolic black ribbon instead, which they wear throughout their mourning period.

It is actually a mitzvah for family members to bury their dead themselves. This is a notoriously painful experience, and many note that the dreadful sound of the dirt crashing down on the wood of the coffin is never forgotten. At the same time, this act often helps family and friends confront the reality of their loss and the finality of death. While no one should be forced to participate, especially when doing so would prove traumatic, Jewish tradition finds special meaning in personally burying loved ones. It is customary for each participant to remove the shovel from the soil themselves, without passing it from one to the other. Each member shovels dirt at least three times, the first time with the shovel inverted so that only the back of the blade is used. This mirrors the reluctance of the pallbearers and is another way to lovingly slow down the interment process, indicating no rush to carry out the duty.

Jewish tradition does not actually encourage leaving flowers at the grave of a loved one. Instead, it is common practice to set down small rocks and stones as a marker and sign of respect. Some may also follow the Iranian-Jewish custom of sprinkling rose water on the grave (Wolfson, 154). While flowers certainly offer beauty and a sense of continued life, it is once again encouraged to forgo lavish bouquets and to donate charity in their place, if able, in honor of the deceased.

Once the body has been buried, the bereaved formally transition from the *anninut* stage (explained above) to that of *aveilut*, or "mourning." It is the hope that at this juncture, after having fulfilled obligations owed the dead, the bereaved can finally begin to focus on the need to mourn. A few key moments at the end of the funeral formally mark this shift in stages. One is the recitation of the *Mourner's Kaddish*. This is a prayer that will be recited frequently in the days to come, but is said for the first time after burial. It is only recited in the presence of a *minyán*

(quorum of ten Jewish adults), which is one of the ways in which Judaism encourages mourners to rely on the power of community to support them through their grief. By that same token, it is also one of the ways in which Judaism charges the community to stand with its mourners.

Another practice that marks this change in status from *onen* (one who is in *anninut*) to *avel* (one who is in *aveilut*) is hand-washing. This is typically done at the end of the funeral or upon returning home. Once again, as in *taharah*, water is used to symbolically cleanse and signify transition. One final marker of this shift is the recessional that concludes the funeral. Guests form two rows so that compassionate eyes and friendly faces meet the bereaved as they make their exit. They then offer Judaism's traditional words of consolation and comfort, which in English translates to: "May God comfort you among the mourners of Zion and Jerusalem." With this, the community officially undergoes a transition, as well. While everyone's priority up until this point has been honoring the dead, friends and neighbors now direct their full energies toward comforting the mourner.

### 17.3.5 Victims of Suicide

Evolving understandings of the nature of mental illness and suicide have heralded modern departures from what used to be practiced in the name of traditional Judaism. Because the body is seen as God's property and not one's own, Judaism strongly prohibits suicide. Those who clearly and intentionally took their own lives were historically buried at least six feet away from other graves or in a separate section of the cemetery (Lamm, 219) to shun the act and discourage its perpetuation. Meanwhile, the bereaved were always meant to be treated with empathy and support. As contemporary society has advanced its understanding that mental illness, like physical illness, is a medical condition that should not be stigmatized, it is clear that victims of suicide are deserving not of rebuke but of compassion. Most Jewish authorities now shun this discriminatory burial practice and discourage its perpetuation. Victims of suicide are to be afforded all of the same burial honors and respect given to anyone else (Wolfson, 155).

### 17.3.6 Mourning

It is impossible to prescribe a set amount of time for mourning that could ever be universally "sufficient." Each individual experiences grief differently, and it is safe to say that one never fully recovers from a loss. That said, traditional Judaism does set forth specific timetables for ritual mourning aimed at shepherding the bereaved through the "valley of the shadow of death" (Psalm 23) and back into the realm of the living.

The first of these stages is called *shiva*, which comes from the Hebrew word for "seven," since it lasts for one week. *Shiva* begins immediately following the

funeral, and generally commences with a *seudat havra'ah*, or “meal of condolence,” facilitated by friends and neighbors. This typically takes place at the home of the primary mourner. There is a rabbinic custom to serve circular foods at the meal like eggs or round cakes (Shulhan Arukh, Yoreh Deah 378:1), which invoke the cyclical nature of life (Diamant, 118).

Generally speaking, friends continue to visit every late afternoon/early evening to “sit shiva” with the mourners throughout the course of the week. These gatherings generally include eating, praying the afternoon and evening services (which gives the bereaved the opportunity to recite the Mourner’s Kaddish), offering comfort, and filling the space with memories and stories of the deceased. Telling stories about the deceased not only honors the dead, but also serves the living, as it can help facilitate a much-needed cry, or even some much-needed laughter. It may also help one begin to separate oneself psychologically from the departed, as one starts processing the loss. Families observing shiva can always limit the number of guests and request alone time when needed.

There are a variety of mourning customs, each with its own unique symbolic and practical significance. Some, like covering mirrors and refraining from haircuts, shaving, and the use of cosmetics, effectively minimize vanity and promote inward reflection (Diamant, 116). Others are restrictions designed to remove distractions from, and impediments to, the grieving process. These include taking off work or school (if able), and abstaining from sexual intercourse, Torah study (considered one of life’s great joys), watching television, shopping, and playing games (Diamant, 119). Still other practices are understood to be outward displays of grief and humility like sitting low to the ground (hence the phrase “sitting shiva”) and not wearing leather shoes (historically seen as a sign of luxury). Some mourners light a seven-day memorial candle, symbolic of the divine spark, or soul, which has departed the world (Diamant, 117). All public mourning rituals are suspended on Shabbat.

Perhaps the most well-known custom is that of reciting the Mourner’s Kaddish, or “kaddish” for short. Traditionally speaking, one recites the prayer as part of the morning service and then again during the afternoon and evening services held during shiva at home. Those who are unable to gather at least ten Jewish adults each morning and evening at their home may wish to attend morning and evening minyan (“quorum,” or prayer service) at their synagogue. If they do not belong to one, they will be welcome at any synagogue where these services take place. Some Jewish circles ascribe to the mystical belief that all departed souls spend a certain amount of time in *Gehenna*, which can ostensibly be likened to purgatory (see more below). According to this belief, reciting kaddish shortens the amount of time a soul spends there (Diamant, 28), offering a compelling reason for the bereaved to recite it with disciplined regularity. A less mystical but similarly compelling reason why many Jews recite kaddish is that it plugs them into community and offers structure, routine, and support in a chaotic time. Interestingly, the actual words of the prayer praise God and make no mention of death. While there are many interpretations as to why that is, one is that the prayer seeks to foster connection

between the mourner and the divine at the precise moment when this connection might be most vulnerable.

After one recites kaddish at morning minyan on the seventh day, it is customary for those assembled at minyan to walk the mourner around the block as a symbolic and literal return to the “world of the living.” Community members may once again offer the traditional words of consolation: “May God comfort you among the mourners of Zion and Jerusalem.” This concludes the formal shiva period. It bears repeating that there is no uniform Jewish mourning practice. Some observe three days or only one day of shiva. Others forgo it altogether. There is no “correct way” to grieve.

For purposes of mourning, Jewish law defines seven categories of people as close relatives: mother and father (parent), daughter and son (child), sister and brother (sibling), and spouse. If the deceased was any of such close relatives, then one’s traditional mourning period and practices extend to a full month from the day of the funeral. This stage is called *shloshim*, or “thirty,” referring to the days in a month. From the end of shiva and during the rest of shloshim, one may resume certain activities that were prohibited during shiva, such as returning to work or school, while other limitations remain in effect. The goal is for the bereaved to slowly transition back into the sphere of daily life. So, one may decide to attend a wedding ceremony during shloshim, but may choose to leave before the reception, since the festive spirit of a party clashes with the tone of bereavement.

One’s mourning period extends to a full year (*shanah*) if the deceased is a parent. This means that children who wish to follow traditional halakhah recite Mourner’s Kaddish every day for eleven or twelve months (depending on custom). In the strictest sense, this entails praying with a minyan for all three services daily. This may prove exceedingly difficult for such a considerable amount of time, especially for the many Jews who do not typically engage in communal prayer three times daily. Still others describe this experience as nothing short of transformative.

Traditional Judaism offers a timetable for mourning based on one’s relationship to the deceased. While grief does not miraculously disappear after one week, one month, or even one year, Judaism attempts to balance one’s need to mourn with one’s eventual need to resume a productive life of meaning and joy. Recognizing that feelings of loss are permanent, Jewish tradition also prescribes annual rituals outside of the formal mourning period that commemorate the anniversary of a death, which is called a *yartzeit*. This date is typically observed by lighting a twenty-four-hour candle, reciting special prayers or psalms, giving charity, or visiting the gravesite. A Mizrahi custom (originating in the Middle East and North Africa), is to host an *Azkarah*, meaning “memorial,” or a meal in honor of the departed, which generally includes Torah learning and speeches about the deceased. An Ashkenazi custom (originating in Germany, France, and Eastern Europe) is to add a special memorial service called *Yizkor* into the formal synagogue service four times a year, allowing individuals to recite prayers on behalf of the dead. In these ways and more, Jewish tradition designates sacred time and space to remember that which is never forgotten.

## 17.4 The Afterlife: Jewish Views and Beliefs

Judaism does not purport to know what happens after death. The Torah and rabbinic texts focus extensively on even the most minute details of life in this world, but when it comes to the afterlife, there simply is no consensus or definitive answer. Some may find this disappointing. Others may find it honest. Either way, traditional Judaism concerns itself more with living meaningfully and ethically in this world than it does with questions about what comes next.

That said, Judaism is by no means indifferent to the topic. On the contrary, the medieval philosopher and scholar, Maimonides, identified thirteen core principles of the Jewish faith and included belief in the resurrection of the dead among them. Jews who pray the traditional daily liturgy bless God “who gives life to the dead.” There is, therefore, a rich body of thought concerning the afterlife in traditional Judaism, with a whole spectrum of views and beliefs.

On one end is the conviction that life ends when the body does. This was the position of the Sadducees, a Jewish sect that was influential in the second century BCE, but which dissolved around 70 CE. The Sadducees rejected the notion of life after death, championing more of a “what you see is what you get” mentality. While seemingly morbid, this position can certainly motivate one to live life to the fullest, harboring no expectation of things to come.

By contrast, the Pharisees, a rival Jewish sect that endured and laid the groundwork for what has become modern rabbinic Judaism, affirmed the notion of a world to come, or “*olam ha-ba*.” While this is not synonymous with a Christian conception of “Heaven,” the world to come is also believed to be a place where the injustices of this world are corrected for and peace prevails.

This is closely connected to the concept of *Messiah*, which is deeply rooted in Judaism. The tradition is split, however, on what, exactly, Messiah means. One school holds that this refers to a heroic human figure, from the line of King David, who will be sent by God to herald an era of peace and a return to Zion. This can be contrasted with the Christian belief in Jesus as Messiah who brings a remission of sins, since Judaism does not ascribe divinity to this human figure. The other school holds that Messiah refers not to a person but to a time of peace, justice, and worship of God, which will be ushered in by righteous behavior.

While there is no Jewish conception of “Hell,” there are Biblical references to “*sheol*,” (Gen. 37:35, Num. 16:33, among others) which appears to be an underground pit where the dead go. Rabbinic literature also depicts *Gehenom*, an actual valley near Jerusalem, as a place of punishment for the dead (Wolfson, 301). These, however, lack any reference to eternal damnation or perennial suffering.

Resurrection of the dead is another facet of Jewish belief in an afterlife. One traditional view is that when the body dies, the soul returns to God, its divine source. At a later time, however, God will resurrect physical bodies, and restore these souls to their prior homes (Lamm, 228). Maimonides, however, rejects the notion of bodily resurrection and asserts that a person’s identity after death will be in a spiritual body, instead. Filling in details and offering alternative views, Jewish mystical traditions, like *Kabbalah*, offer further insights into the soul’s journey

after life ends. This includes a belief in reincarnation, a topic that warrants deeper discussion beyond the scope of this summary.

On the far less mystical end of the spectrum is the belief that life after death means living on through the memories of loved ones and through the legacy one leaves behind. This may include meaningful projects and works, children, students, and anyone else upon whom one leaves a lasting impact. By saying Kaddish, lighting a *yahrzeit* candle, or living according to values that were important to the deceased, one plays an important role in symbolically giving life to the dead.

To return to the story that began this chapter, it is said that Jews follow the teachings of Rabbi Hillel in this world, but will follow the teachings of Rabbi Shammai in the world to come. Rabbi Hillel is a great scholar who embraces the prospective convert at his doorstep and is known for often interpreting the law more leniently, perhaps to better accommodate human imperfection. Rabbi Shammai, on the other hand, is the one who shoos away the short-cut-seeking student. This likely stems from Rabbi Shammai's proclivity for strict interpretation of the law, and perhaps higher demand of human behavior. This paints another picture of the world to come, wherein we are finally able to achieve Rabbi Shammai's impossible standard for us. Those who believe in an afterlife that resembles a celestial house of study or return to the Garden of Eden may take great comfort in the thought of departed loved ones probing the secrets of Torah, accessing that which was previously beyond reach.

Judaism offers much more of an array of views and beliefs about the afterlife than it does one clear picture. At the end of the day, there is just no way to know. When Jewish patients, nearing the end of life, engage a medical or spiritual professional on the topic of the afterlife, it might be most helpful to invite a discussion about the patient's own thoughts and beliefs on the subject. If a patient genuinely seeks an answer, "on one foot," it might suffice to say that Judaism recognizes life as a gift from the Creator. When life ends, there is certainly reason to believe that the divine spark in us reunites with its holy source.

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## Suggested Reading

### Books

1. A time to mourn, a time to comfort by Dr. Ron Wolfson, LongHill Partners, Inc (2005)
2. Weiner RJ (2017) Jewish guide to practical medical decision-making. Urim Publications
3. Saying Kaddish: How to comfort the dying, bury the dead, and mourn as a Jew by Anita Diamant, copyright © 1998 by Anita Diamant. Used by permission of Schocken Books, an imprint of the Knopf Doubleday Publishing Group, a division of Penguin Random House LLC. All rights reserved
4. The Jewish way in death and mourning by Rabbi Maurice Lamm, copyright 1969, 2000 by arrangement with Jonathan David Publishers, Inc. [www.jdbooks.com](http://www.jdbooks.com)

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## Articles

5. Reisner RA. A halakhic ethic of care for the terminally ill
6. Dorff RE. A Jewish approach to end-stage medical care
7. Kalmanofsky RJ. Alternative kevura methods
8. Dorff RE. Assisted suicide/aid in dying reconsidered
9. Cynthia X, Pan MD, FACP, AGSF et al (2020) Can Orthodox Jewish patients undergo palliative extubation? a challenging ethics case study. *J Pain Symptom Manag* 60(6):1263
10. Kinzbrunner BM. Jewish medical ethics and end of life care
11. Fred Rosner MD, FACP (1991) Jewish perspectives on death and dying. *Jewish Med Ethics* II(1)