

Should we tell the truth to the terminally ill?

It is not always easy to think about these questions, particularly during a crisis situation.

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One of the hardest conversations that any family member or physician can have with a patient is disclosing that they are terminally ill. One desires to be honest while at the same time giving the sick person a sense of strength and meaning. As we'll see, Jewish law is sensitive to this dilemma and seeks a careful balance.

The Talmud declares, "One who is ill and dying should be told to confess their sins" (Shabbat 32a). Confession is a last opportunity to declare faith in God and end one's life in a state of purity (YD 338). It also represents the general opportunity to repent, make amends, and protect one's share in the World to Come. In fact, one 17th century work even suggests that confession might ease an illness as it softens the forces of judgment on the person (Ma'avar Yabok, Imrei Shefer Ch. 15). Others add that it is preferable to offer confessions before one's condition weakens too much to the point that they are no longer clear-headed (Beit Lehem Yehuda, YD 388:1).

On a more practical level, this is also a time to get one's affairs in order. The Talmud argues that a terminally ill person should be fed a certain type of food that will sufficiently strengthen him so that he may give his last wishes to his family. The last period of life is seen as an opportunity for spiritual and emotional meaning.

That said, there is a concern that bearing bad tidings might cause acute mental anguish to the point in which a person may suffer physically. To that end, the Sages assert that one should not tell someone who is sick about the death of a loved one, lest the painful news cause physical deterioration (Moed Katan 26b). Some *aggadic* stories similarly indicate that it was common practice to not reveal to people that they were dying because they were too fragile to handle that information. In one commonly-cited story, King Hizkiah chastises the prophet Isaiah for bluntly declaring that he will die and not bearing the news in a more subtle manner.

Because of the concern for physical deterioration, some decisors argue that one may withhold information from a patient or even lie about their condition to preserve their welfare (Shach 388:1). A good example of this paternalistic approach in the 20th century was taken by Rabbi Betzalel Stern of Hungary and Jerusalem. He was asked whether a son must tell his elderly father that he has terminal cancer. Rabbi Stern argued that both the child and physicians should not tell the patient he will die. While they should not trick him to think he will be healed, they must also not give him reason to despair. In more recent years, similar approaches were advocated by two prominent Jewish bioethicists, Dr.

Abraham S. Abraham and Rabbi J. David Bleich. As many have noted, this paternalistic approach was widespread in many Western countries up until the late 1960s when physicians did not feel compelled to share all relevant information.

There are several problems with this approach. Firstly, in many cases it is exceedingly difficult to conceal from a patient how sick they are. In part, people can tell from how they are feeling that something is exceedingly wrong; moreover, the care that they receive, even if only palliative, will indicate to them that they are terminally ill. Secrets, furthermore, are hard to keep in these circumstances, and it is better for the patient to find out directly.

Secondly, while some continue to believe that negative health expectations may lead to a worsening of symptoms, most doctors reject the claim that bad news leads to a deterioration in health. Of course, one must show great sensitivity in bearing bad news. Good bedside manners go a long way in softening the blow. Ultimately, the patient is entitled to know their condition, and will lose trust in their doctors if they feel that they are being lied to. Indeed, in most Western countries today, the standards have shifted to demand that physicians reveal all that they know about their patient's condition.

In Israeli religious circles, the most eloquent advocate for candor and truth-telling has been Dr. Shimon Glick. His position has gained the support of several rabbis and leading bioethicists, including Rabbis Shear Yashuv Ha-Cohen, Yuval Cherlow, Dr. Avraham Steinberg, and Dr. Yigal Shafran. They all point to the fact that in our contemporary culture that promotes autonomy, it is important to give people the choice to determine the meaning of the final period of their life. In many respects, repentance, delivering final wishes, and setting one's affairs is the ultimate opportunity to take control over one's fate.

Ultimately, each case must be addressed in their own unique way to best help the individual patient. On the one hand, we don't want news delivered in a way that increases anxiety and despair. At the same time, we must allow people the opportunity to make meaningful decisions. This is what life – and death – are all about.

Of course, it is not always easy to think about these questions, particularly during a crisis situation. Therefore, it is best for families to discuss some of the dilemmas of end-of-life treatment and disclosure before they get to that point. This can help ensure a meaningful experience for all parties involved.