

If not now, when?

Time to discuss issues regarding end-of-life



• ALAN ROSENBAUM

Jews do death very well,” says Rabbi Dr. Shlomo Brody. “We have our funeral homes, we have our *shiva*. We have *shloshim*. We have *yahrzeit*, and we have *Yizkor*. But the reality of mortality is not something we like to confront.”

It may seem a bit incongruous for the 46-year-old Brody, who looks much younger than his years, to be discussing such weighty issues. But Ematai, the nonprofit organization he heads, is dedicated to having discussions about healthcare issues regarding aging and end-of-life treatment in one’s younger years rather than waiting until late in life.

Ematai, Hebrew for “when,” derives its name from Hillel’s famous *mishnaic* statement (*Avot* 1:14): “If not now, when?” In Brody’s view, there is no better time to discuss these issues than the present, particularly since the Israel-Hamas war has impacted people’s feelings about end-of-life issues.

Originally founded in 2001 as the Halachic Organ Donor Society to encourage organ donation in the Jewish community according to Jewish law, the organization was rebranded and relaunched in 2023 as Ematai, with an expanded focus. Brody was then appointed as executive director.

While the organization remains active regarding halachic organ donation, Ematai addresses a broad spectrum regarding the Jewish approach to aging and end of life, such as advance healthcare directives, educational materials, real-time halachic consultations on end-of-life issues, and training rabbis in the complex halachic matters on these subjects.

Most recently, it launched the Ematai Tefilot Project, a compilation of prayers in Hebrew and English to be recited in times of medical uncertainty. While other organizations

are active in this field, such as Tzohar’s Ad Me’ah V’esrim initiative, Ematai is the only group targeting the worldwide English-speaking Jewish community.

FOR BRODY, a well-known author and scholar, organ donation has personal significance. His late father, Baruch Brody, PhD (1943-2018), was an internationally known bioethicist, who had to wait 18 months to receive a kidney transplant. “Organ donation is one part of a much larger set of dilemmas relating to end of life,” Brody says. “We advocate talking about these issues when people are young because you don’t know when the opportunity is going to come up for organ donation.”

“If you have to ask people on the spot, it’s a very difficult conversation if you’ve never thought about it. That’s true about all end-of-life issues,” he notes. “When people haven’t talked about things and haven’t confronted the issues beforehand, it’s very difficult in acute crisis moments.”

Beyond his personal experience, Brody has always been interested in the intersection of Jewish law and ethics on a practical level and finds the subject of end-of-life issues fascinating. He pens the regular *Jerusalem Post* column “Jewish Law Live”; authored *Ethics of Our Fighters – A Jewish View on War and Morality*, as well as *A Guide to the Complex – Contemporary Halakhic Debates*, which received a Jewish Book Award in 2014.

Regarding the cultural component of end-of-life issues, Brody suggests that while most people prefer to avoid discussing death ahead of time, Jews have certain social barriers that can make it even more difficult for them to have serious discussions on the subject. When the *Yizkor* memorial prayers are recited in the synagogue, he says, those who have not lost immediate relatives and have not experienced mourning



FROM THE Ematai website on organ donation. (Screenshot)

RABBI SHLOMO BRODY: ‘The reality of mortality is not something we like to confront.’ (Courtesy Shlomo Brody)

generally walk out of the sanctuary for the duration of the prayer, returning only after it has concluded.

When the *tochecha* – the sections in the books of *Leviticus* and *Deuteronomy* that list the punishments that will befall the Jewish people if they do not observe the law – is read in the synagogue, it is done so in an undertone. In his view, these are symptomatic of a cultural barrier within Judaism.

“We’re not only trying to bring up conversations about end-of-life care but also to create a culture in which speaking about mortality is not taboo,” he says.

One significant tool that Ematai has developed to open the discussion is an advance healthcare directive and conversation guide called *Netivot*, which means “pathways” in English. It addresses the need for a healthcare proxy to make decisions on one’s behalf if a person is unable to do so, and directs the proxy to make decisions in accordance with the Jewish values of the signer.

“We call the conversation guide ‘*Netivot*’ because we don’t know what pathway or healthcare journey life is going to take us on,” notes Brody.

It also provides the option to permit organ donation when approved by Jewish law and the opportunity to designate a rabbinic consultant for decision-making. The guide is available in customized versions for the US, Ontario, Quebec, the UK, and Israel, and was composed by leading rabbis, healthcare professionals, social workers, and lawyers.

This conversation guide enables signatories to clarify their goals and preferences and apply them to specific medical situations on such subjects as pain and risk tolerance in medical procedures, decision-making preferences, and physical and social independence.

For example, one question in the conversation guide directs the signatory to choose one of the following three options regarding treatment during a terminal illness. “If I am deemed terminally ill, I would prefer (choose one) treatments focused only on comfort and managing my symptoms (such as pain management); treatments focused on comfort and managing my symptoms, while also being open to potentially painful treatments or procedures that might extend my life; or treatments focused on extending my life without prioritizing my comfort.”

“We tried to create a conversation guide that’s halachically sensitive, so that people will be thinking about when they should withhold or forgo interventions,” Brody explains. “If you think about these questions a bit ahead of time, you can avoid certain



types of dilemmas. But more importantly, you can be proactive about how you want to have the end of life presented to you.”

The Ematai conversation guide is particularly useful, he explains, because most of the models presented today discuss specific options, such as pulling a life-support plug and other forms of proactive decision-making that will likely cause the end of someone’s life.

EMATAI ALSO offers a phone consultation service that gives real-time answers to halachic and ethical questions, as well as general consultations and educational sessions.

For instance, the hotline received a call from a family whose elderly mother was suffering from dementia and Parkinson’s disease. Family members wanted to know if inserting a feeding tube through a percutaneous endoscopic gastrostomy, to enable the woman to receive nutrition, was required according to Jewish law. The *Netivot* guideline form, Brody points out, provides families with a guide to what questions their parents should be thinking about under such circumstances.

The family was aware of their mother’s deteriorating condition and realized that this question might come up, but they never spoke about it. Now they needed to make a decision. “They’re feeling all this angst – ‘Do we do this or not?’ It’s a halachic question, but the earlier question is, ‘What do you think the parent would

have wanted?’”

In this particular case, for both halachic and medical reasons, it was not necessary to insert a feeding tube, Brody says, noting that each instance of this type must be judged on a case-by-case basis.

He adds that the *Netivot* guidebook provides families with various scenarios when faced with life-challenging situations. “That’s a gift to family members,” he points out, because it avoids the disagreements and arguments that often occur in families when they confront these issues.

“We’re giving people tools so they can talk about [these issues] and create a culture where they feel that it’s acceptable and should be done,” he says. “We want *Netivot* to become the default document used in English-speaking Jewish communities around the world.”

To that end, Brody has traveled throughout the Jewish world, discussing and promoting the importance of discussing end-of-life issues. The Rabbinical Council of America, the National Council of Young Israel, and other rabbinic organizations in the United States have sent out information on the *Netivot* healthcare directive. In addition, Ematai’s distinguished medical and rabbinic advisory boards, which include leading physicians and rabbinic authorities, provide valuable support and advice.

In Brody’s view, providing these services to the English-speaking community in Israel also has great significance and value. He notes that the audience for Ematai’s programs extends from the world of right-wing Orthodoxy to those who are not Orthodox.

“Even the ‘black-hat’ world realizes intuitively that they need a little bit of a more moderate approach, and they’re looking to us to provide that voice, as well as traditional Jews who are not necessarily Orthodox but who look to tradition for wisdom when it comes to end-of-life and life-cycle matters.”

Many non-observant Jews, says Brody, turn to Orthodox rabbis for consultation on end-of-life issues. “If you can speak in a reasonable, nuanced voice and represent *Halacha* generally, but at the same time are speaking in a way that can resonate with a broader range of people, they’re much more likely to seek out Jewish wisdom in these cases.

“Most people haven’t thought about these issues. You can go out on your own and just make a decision with your doctors, or you can say, ‘I want to turn to a treasure trove of wisdom from a tradition to help guide



REMEMBRANCE DAY for the Fallen of Israel's Wars and Victims of Terrorism at the Kiryat Shaul Military Cemetery, Tel Aviv. (Flash90)

me in these decisions.'

"It's a source of great comfort to people. Some people are looking for a specific ruling. Other people are just looking for advice. But if you can give them a ruling in the form of advice that is meaningful, they'll go with that."

Brody points out that English speakers who have made *aliyah* often are not aware of the differences between the Israeli medical system's approach to end-of-life issues and those from their country of origin. "In America, for example, you can do what you want [regarding end of life] – withhold, withdraw, whatever it is. In Israel, it's different, so you have to understand how to deal with that system."

"Here, the law regarding the terminally ill is created under a halachic framework, which creates all sorts of limits and assumptions that don't exist in places like the US or Canada, where you have much more autonomy regarding decisions to be made."

He notes that while Israel's halachic framework regarding end of life has great cultural sensitivity, it can be more difficult because people have to understand the differences a bit earlier.

"In America, for someone who is critically or terminally ill, the default might be not to give them certain medical interventions. In Israel, by contrast, the default is to supply interventions."

There are times when medical interventions in Israel are not necessarily mandated by Jewish law but are done as a matter of course because the default in Israeli hospitals is to implement these interventions. While there is undoubtedly a benefit to receiving them, he says people need to be aware of them. In some cases, they can even complicate matters.

Brody cites the ongoing case of a patient in Israel who suddenly became critically ill with no chance of recovery and later developed a complex secondary infection. In this case, he says, there was no obligation, according to Jewish law, to treat the infection. However, since the default position in Israel is to provide treatment, the patient was treated with next-generation antibiotics.

The patient recovered from the infection but was left in a vegetative state on a ventilator, which, according to Israeli law, cannot be removed. Brody notes that had the patient's family been aware of their choices early on, they could have requested that the hospital not administer the antibiotics.

"When people call earlier and get some advice earlier on, they're in a much better place," Brody notes.

On the other hand, he points out that there are times when medical intervention is needed and can enrich and increase

one's quality of life. "People from the US call, [telling me] that the hospital said, 'Your dad is 80 years old – what's the point of continuing doing interventions? Do some form of hospice care.' That's the default mentality, which is not unreasonable, considering that the American public is more inclined toward that [approach]."

"But many times Halacha, and families, say: 'We think we can get back to a place of meaningful recovery. Therefore, we want to do intervention. So you have to have a little bit of a backbone to say that we religiously and emotionally want to do more interventions here."

"The culture in America and England right now is: 'You're above a certain age, what's the point?' That's the default of the system, which is different here in Israel. Israeli cultural society, in that respect, has a lot of advantages to it. But it also means that in both cases, you have to know how to talk to the healthcare providers in a way that's sensitive to your preferences and your halachic needs."

Brody explains that the need to provide answers to these types of questions is due, in part, to the tension that exists between traditional religious believers – not just Jews – and medical practitioners regarding end-of-life care.

"The general trend in Western medicine is focused very much on autonomy and is very quick to forgo or withdraw treatment as people age," he observes. "We are here to create a much healthier dialogue and discourse, partly to show that doctors aren't trying to kill anyone. The doctor is trying to figure out what's the best, including taking into account factors like quality of life."

WHILE JEWISH law and tradition posit that every moment of life is of value, the rabbis and doctors who compose the leadership of Ematai believe that the organization's goal is to extend living, not to prolong dying.

"We are trying to find a healthy balance – on the one hand, placing a prime value on life and saving and extending life, but also taking into consideration questions of quality of life and reducing pain and suffering," says Brody.

The momentous and sometimes tragic events of the past year have made their mark on Ematai's activities, with the war impacting the way people think about mortality, he says. Ematai was active in creating a meaningful memorial prayer marking the tragic events of Oct. 7 that was recited in numerous synagogues throughout the world during the *Yizkor* services.

The organization has also highlighted the cases of organ donation among IDF soldiers who fell in battle. To date, the families of 13 soldiers have donated the organs of their loved ones, saving 58 lives in the process. According to Brody, the heroic donations of these families inspired many other families, and the percentage of families agreeing to organ donation after Oct. 7 has increased to 85%. The overall number of individuals signing organ donation cards also increased dramatically.

In the coming year, Ematai will expand its work in end-of-life and health issues. The organization is preparing a series of three English-language books on the subject. The first, on Jewish medical ethics, will be written by Brody. A second book, on understanding the time of death and organ donation, is being penned by Rabbi Professor Abraham Steinberg. A third volume, a guide to halachic observance for healthcare professionals and hospitals, is being written by Rabbi Jason Weiner.

Ematai is continuing its training programs this year, for rabbis and for medical personnel and health providers in the US, as well as encouraging the writing of living and ethical wills.

For Brody, the decision to plan ahead in these matters is more than being prepared and benefiting one's family and loved ones. "We're not just talking about end-of-life decision-making. We're trying to talk about mortality as a spur and inspiration for a meaningful life."

"If you look at the Jewish sources carefully, when they talk about mortality it's meant to be that life is transient. Make the most of it, and live meaningfully to the very last breath," he asserts. ■

VOICES FROM THE ARAB PRESS

A weekly selection of opinions and analyses from the Arab media around the world

COMPILED BY THE MEDIA LINE

Both Trump and Musk have colossal egos, not easily bruised



BILLIONAIRE ELON MUSK joins Donald Trump on stage during a campaign rally at the site of Trump's first assassination attempt in Butler, Pennsylvania, Oct. 5, 2024. (Jim Watson/AFP via Getty Images)

TRUMP AND MUSK, THE ARSONISTS

Asharq Al-Awsat, London, January 10

In [President-elect Donald] Trump's first term, we had one provocateur; now, we have two. Elon Musk has joined Trump in the fray, igniting controversies even before assuming any official role.

Their firestorms are not confined to the US but have spread internationally. Trump is provoking Mexico, Canada, and Denmark, while Musk is embroiling himself in German politics and calling for upheaval in the government of the UK. These two outspoken figures are riding the wave of their November triumph, seeking to expand their influence beyond American borders. Their adept use of social media has enabled them to reach and sway massive audiences.

Musk, leveraging his ownership of a critical platform for political discourse, faces allegations of manipulating it to amplify his supporters while silencing criticisms. Despite his denials, X has emerged as a haven where his followers freely voice opinions, even if they border on conspiratorial or nonsensical. Both Trump and Musk exhibit vindictive streaks, reflecting personal grievances. Once a lifelong liberal, Trump turned against his former allies upon entering the presidency. They targeted him relentlessly, digging into his past and spreading spurious tales of illicit escapades in Moscow to blackmail him. Consequently, he developed a deep-seated animosity toward the "spiteful," and "demented" elite he believed was intent on his downfall – a fate that befell him.

Similarly, Musk, who was also a liberal Democrat, harbors resentment toward the Biden administration, which he perceives as stifling his business – and championing progressive ideologies that have impacted his family. In a widely publicized interview, Musk spoke of his son's challenges with an air of betrayal and bitterness. These emotional wounds come at a cost. The wrath and vindictiveness of the world's wealthiest man differ vastly from those of a person with nothing to lose. Likewise, the US president's fury eclipses that of a leader from a lesser nation.

Both Trump and Musk possess colossal egos, not easily bruised. Liberals and leftists may bear the consequences for besmirching their reputations. The media has painted Trump as a pathological liar and immoral character, while Musk has been depicted as an erratic figure plagued by substance abuse. The resulting turmoil sees them exerting not only political but also cultural influence. Their overarching ambition is to propagate right-wing ideologies across the West, which drives their support for European right-wing parties. Triumphs for these parties could spell an enduring setback for leftist movements.

While Trump and Musk occasionally align, they also diverge in their focuses.

Trump is fixated on economic prosperity for Americans and immigration reforms. He vilifies what he terms as "criminals" entering the country, casting himself as America's savior, committed to restoring its lost glory. In contrast, Musk positions himself not only as a political disruptor but also as a cultural crusader. He advocates for increased reproduction – citing the declining numbers of Westerners – to balance [rising] immigration. He warns of a cultural invasion that threatens Western identity, critiquing the Starmer government for its alleged leniency toward criminal groups, ostensibly to avoid accusations of racism and Islamophobia.

If any socio-political boundaries in Europe remain unchallenged by Trump, Musk seems poised to topple them. This was evident when a British MP lamented in Parliament that a rejected investigation into the "rape gang" would not fade, as Musk would keep the issue alive on social media. Trump and Musk will continue making headlines and igniting more controversies – some potentially beneficial – by challenging the longstanding arrogance of the liberal elite. However, their relentless momentum suggests they might inadvertently empower proponents of racism, hatred, and xenophobia. – Mamdouh Al-Muhaini

LIBERATING ARAB CONSCIOUSNESS: HARDER THAN LIBERATING PALESTINE

Al Riyadh, Saudi Arabia, January 9

When examining the state of the Arab world over the past few decades and reflecting on the prevailing discourse from the 1950s to the present, one cannot escape the conclusion that freeing Arab consciousness is more challenging than liberating Palestine itself. Arab consciousness remains ensnared in events that occurred over 50 years ago, and despite dramatic global changes, it continues to think along those outdated lines. Meanwhile, the world has evolved significantly, yet the Arab mind remains captive to historical moments that will never return.

Once again, we see the rhetoric of defeat reemerging from one crisis to another. The calls to open borders, tear down boundaries, and rally the masses are old narratives making a comeback. What is particularly concerning is the applause that greets these appeals – a dangerous approval both in speech and action as though six decades of failures have not taught us anything.

Faced with the Palestinian cause, Arab consciousness finds itself paralyzed. Instead of unifying the Arab population, this just cause has only served to highlight deep divisions. Some attempt to morph idealistic dreams into political reality, acting as if Arabs have the luxury of choice amid a world governed by its own stringent