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Perspectives

Strengthening the Flickering Flame of Life and Morality

By Rabbi Dr. SHLOMO BRODY

With the passage of the Medical Aid in Dying (MAiD) Act, New York becomes the 11th U.S. state to legalize physician-assisted suicide (PAS). Governor Kathy Hochul is expected to sign the bill, which supporters hail as a win for autonomy. Yet for Jews – and for all who care about how we treat the vulnerable – this law demands scrutiny.

Judaism recognizes the suffering and fears of those facing terminal illness. Yet it demands that we treat life, in all of its forms and stages, as sacred. The duty of physicians is to heal, as best as they can, but not help someone to end their own life. The Talmud compares hastening a death to extinguishing a flickering candle – a sacred flame still burning, however faintly (*Shabbat* 151b). Intentionally ending one's life, even with beneficent intentions, is strictly prohibited. Life, created in the Divine image, belongs to G-d. We do not have the authority to end it, even in the name of mercy.

New York's law includes three constraints: It limits MAiD to physician-assisted suicide (PAS) administered by the patient, as opposed to euthanasia administered by a doctor, limits PAS to those with a terminal prognosis of six months or less, and protects medical professionals who object from participating. These restrictions have distinguished U.S. practices from Canada's more extreme practices. But global trends suggest these barriers may not hold.

Canada's MAiD law in 2016 legalized euthanasia for the terminally ill. In the years since, it has dramatically expanded access to include chronic illness, non-terminal conditions, and, soon, mental illness alone. Canadian law also mandates that doctors provide "effective referral" to MAiD providers. In 2023, over 15,000 Canadians died by euthanasia – nearly five percent of all deaths nationwide. As investigative reports in *National Post*, *New Atlantis*, and by the *Associated Press* have shown, some of the individuals were struggling most with loneliness, disability, or despair alongside a lack of access to medical care. Sadly, MAiD was simply an easier and cheaper solution for them.

Oregon, the first U.S. state to legalize PAS, shows signs of such erosion. The average doctor-patient relationship before writing a lethal prescription has fallen from 18 weeks in 2010 to just five weeks in 2022. Referrals for psychiatric evaluation are almost nonexistent. Data from the Oregon Health Authority shows that physical pain is not the primary motivator for choosing death. Rather, it is loss of autonomy, fear of being a burden, or the inability to engage in enjoyable activities. These are serious existential concerns that must be addressed – but with multidisciplinary care, not assisted suicide. The question society must ask is whether the solution to this suffering should be death. Instead, we must increase the full range of medical and social services, in partnership with faith-based initiatives and other local communal resources.

As troubling as these developments are, they also present a challenge and an opportunity for the Jewish community: to not only oppose harmful laws, but to *proactively articulate a better mod-*

el. Judaism cannot simply be a voice of protest. It must be a voice of healing, offering a compelling alternative vision of end-of-life care grounded in both compassion and sanctity.

That is precisely the goal of organizations like Ematai, which has developed a principled framework for Jewish responses to societal changes in end-of-life care. This framework promotes the sanctity of life while confronting suffering with love, presence, and meaningful care. We call this approach MADE: Mobilize, Advocate, Direct, Educate.

We must *mobilize* to ensure that future laws don't erode protections for conscience or expand eligibility to non-terminal conditions. We must *advocate* for greater access to high quality care, including palliative interventions, ensuring that no one feels abandoned or pressured into choosing death for lack of better options. We must *direct* our own care by executing *halachic* healthcare proxies, like the Rabbinic Council of America-Ematai version, and engaging in meaningful conversations with family, rabbis, and medical providers about our values and preferences. And we must *educate* ourselves about our rights, our values, and the richness of our tradition's approach to life and death.

Judaism recognizes the moral complexity of terminal illness. We use medicine to prolong living when we can meaningfully extend life. This is our primary value. But there are times, determined on a case-by-case basis with rabbinic consultation, when we may forgo further interventions that only extend a painful dying process. At that point, we leave matters in the hands of G-d.

A dignified death comes from knowing that one is not alone, that one's pain is being treated with care, and that one's life continues to have sanctity – right up to the last breath. The solution to suffering is community, compassion, and care.

The expansion of MAiD laws have profound implications not just for patients, but for medicine itself. The doctor's role as healer is being challenged.

We must not only hold the line; we must raise the bar. This is our moment to articulate a *positive Jewish alternative* – a model of care that affirms both the sanctity of life and the imperative to alleviate pain. That model already exists. We must support it, share it, and live it.

We are not alone in this belief. Many people of faith – and no faith – share our concerns. Leading groups like the American Medical Association and the World Medical Association continue to oppose PAS. The AMA notes that assisting suicide is “fundamentally incompatible” with medicine’s purpose. Doctors must respond to suffering with holistic, palliative care – not life-ending prescriptions.

The flickering flame of ethical clarity still burns in our tradition. Our task is to protect that light – and those most vulnerable among us – with compassion, conviction, and moral strength.

Rabbi Dr. Shlomo Brody is the executive director of Ematai, an organization dedicated to helping Jews navigate aging and end-of-life care with halacha and Jewish wisdom.

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