

# Jewish Contemporary Ethics Part 40: Medical Ethics 2 – Saving Others I: Ending One Life to Save Another

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The previous article discussed the importance of saving life in Jewish law. The sanctity of life has additional, far-reaching implications for other areas of Jewish medical ethics. The Mishnah states that “one may not set aside

one person's life for that of another” (Ohalot 7:6). This means that one may not proactively accelerate the death of one patient to save the life of another, even the first patient is terminally ill and may die imminently.

The only time that one may actively carry out an extra-judicial killing in Jewish law is when the life of one person is threatened by the life of another. This is known as the law of the *rodef* (pursuer) and allows pre-emptive lethal action to be taken against belligerents or other mortal threats (Talmud Sanhedrin 73a). In medical ethics, one application of this principle is in a case where a foetus threatens the life of its mother. While the foetus clearly has no intent to harm and does not have any choice in the matter, if there is a clear threat to the mother's life the pregnancy must be terminated. The Rambam (Maimonides 1135-1204) writes that this is true even in the advanced stages of pregnancy.

Some later rabbinic authorities, including Rabbi Yisrael Meir Mizrahi (d. 1727) and Rabbi Mordechai Leib Winkler (d. 1932) also permit abortion in cases where the mental health of the mother may be severely affected by the continuation of the pregnancy and subsequent birth. This may be considered akin to a threat to the mother's life. Later authorities, such as Rabbi Yitzchak Yaakov Weisz (d. 1989) and Rabbi Moshe Feinstein (d. 1986) also accept that severe mental illness may well constitute a threat to life.

While one cannot judge one life as more important than another to actively bring about the death of a patient to save someone deemed to be more worthy, there are many medical situations where difficult choices must be made, especially in cases where there are limited resources available. This is known as triage. Rabbi Yosef ben Meir Teomim (d. 1793) writes that clinicians should prioritise patients whose lives are in definite danger over patients whose medical condition constitutes a possible threat. Similarly, resources must be used to save as many people as possible, or in cases such as a transplant, offer the most likely benefit for the longest possible time. Some authorities allow prioritising the use of an Intensive Care Unit (ICU) for patients who are more likely to survive. For example, Rabbi Eliezer Waldenberg (d. 2006) rules that one may withhold an ICU bed from a patient with a low life expectancy if there is a need to urgently accommodate a curable patient.

However, as we noted in the last article, every case is complex, nuanced and unique. Any personal questions about medical ethics should be posed to a rabbinic authority, alongside the professional medical treatment which a patient receives. These articles should not serve as authoritative in practical law.

