

Health Care Insights: End of Life

- 1) **End of Life Issues:** Religious beliefs on performing particular rituals before or after death, or that dictate a particular perspective on the propriety of withdrawing care and/or prolonging life.
- 2) **For example:**
 - a. Some Jewish families will object to a DNR order for a patient who is brain dead, based on a religious belief that death only occurs when a patient's heart and breathing have stopped.

NOTE: Jewish law defines death as when the body is without breath or heartbeat for a period of time that makes resuscitation impossible. While some Jews will accept brain death as the moment of death, others, particularly Orthodox Jews, hold to the definition of death found in Jewish law. In addition, some Jews feel it is their duty to accept any treatment that is believed to extend life or holds the possibility of recovery.

RECOMMENDATION: It may be valuable to involve the family's rabbi in discussions around end of life to demonstrate trust and respect for the patient's and family's religious beliefs. In addition, a rabbi or religious community can be an important source of support for patients and their families when making difficult decisions around end of life.

For physicians and hospital administrators, this situation may raise valid ethical and legal concerns about keeping a patient who is brain stem dead in the ICU, if the hospital is short on ICU beds. Based on the Uniform Determination of Death Act (UDDA), which has been adopted in the majority of U.S. states, using neurological criteria is one of two accepted methods for establishing death.¹

If a hospital was concerned that accommodating the request to keep a brain stem dead patient in the ICU would deprive another patient of potentially therapeutic intensive care, then transferring the brain stem dead patient to a hospital that could accommodate the family's request may be the best-case outcome given the circumstances. Physicians should also be careful to respectfully communicate to the family a decision to transfer as a question of resources, and to avoid language that seems to prioritize one life over another.

MORE INFORMATION: pg. 57-58 of *The Medical Manual for Religio-Cultural Competence*

- b. After a Buddhist patient passes away, his family requests that his body not be moved from the hospital bed for the next three days.

NOTE: Some Buddhists believe that consciousness remains in the body for up to three days after the patient stops breathing. A Buddhist family may request that their loved one's body not be moved for this period of time, so as not to disturb the consciousness as it moves toward its new mode of existence.

RECOMMENDATION: If keeping the body from being moved is impossible in a hospital setting, the policy and the reasons behind it should be clearly explained to the family. The hospital staff

and family can explore alternatives; one possibility might be to move the entire hospital bed into the morgue while leaving the body untouched.

MORE INFORMATION: pg. 106 of *The Medical Manual for Religio-Cultural Competence*

- c. A Baptist family refuses to allow a DNR order to be placed on the chart of a loved one. They believe that God could still heal the patient and are hoping for a “miracle from God.”

NOTE: Christian patients and families may struggle with how long to prolong life, feeling a tension between their belief in God’s power to prolong human life and allowing nature to take its course. Members of the Baptist tradition, which emphasizes a personal relationship with God, may be particularly likely to hope for a miracle and believe that God could heal the patient.

RECOMMENDATION: If patients or families are struggling with this decision, it may be helpful for them to speak with a chaplain or member of their religious community. Religion may be an important source of support for patients and families who are making difficult decisions around end of life. Whoever does speak with them should make sure they communicate to understand what concerns they may have (whether these are religious, moral, medical, etc.) that relate to a DNR order. Providers will be able to clarify any misunderstandings regarding the patient’s medical condition and then assist the family in making a decision that is best for them, without pressuring the patients in any way.

MORE INFORMATION: pg. 106 of *The Medical Manual for Religio-Cultural Competence*

Supplementary Case Study

The Case: A 16-year-old girl is brought to the emergency room comatose after being in a car accident. Resuscitative measures are attempted. She is intubated, has a feeding tube inserted and nasal oxygen applied, and a respirator is used to support her breathing. She remains comatose for two days. On the third day, the physician receives a phone call from the hospital lawyer informing him that the family has obtained a court order to remove the respirator based on evidence of her previously expressed wishes not to die “hooked up to tubes and machines.” The physician, who is Jewish, explains that if he removes the respirator and the patient dies as a result, he will have committed an act of moral murder based on his religious beliefs about not performing acts that might shorten a person’s life.¹

Discussion Question: As this physician’s supervisor, what course of action would you take to manage this situation?

Recommendations:

- Keep in mind that patients are not the only ones whose religious beliefs may impact health care. Physicians and other health care providers may also have religious (or non-religious beliefs) that impact how they deliver health care.
- Physicians should be encouraged to disclose conscientious objections to their supervisors or colleagues in a timely and appropriate manner.
- Understand that conscientious objection does not include a right to proselytize. In general, a clinician may step away from a service, but may not step between a patient receiving that service elsewhere. A physician’s supervisor should seek another hospital employee is available to perform this service.

Outcome of Case: The physician could not find anyone on the attending staff willing to disconnect the respirator. The hospital medical director found a neurologist willing to comply with the court order. When he disconnected the respirator, the patient began breathing on her own. Subsequently the feeding tube and intravenous tube were also removed after the family obtained court orders for their removal. The patient lived for 46 days without any nutrition or hydration until her heart and breathing stopped.

Tanenbaum is a secular, non-sectarian nonprofit that systematically dismantles religious violence and hatred with Peacemakers in armed conflicts and by tackling religious bullying of students, harassment in workplaces and disparate health treatment for people based on their beliefs.

More information about Tanenbaum’s offerings can be found here: <https://tanenbaum.org/>

¹ Rosner, F. (2005). An observant Jewish physician working in a secular ethical society: Ethical dilemmas. *Israel Medical Association Journal*, 7, 53-57.