

Spiritual Care for Jewish Patients Facing a Life-Threatening Illness

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INTRODUCTION

Caring for a Jewish patient with lung cancer can be complex in that providing holistic care encompasses meeting physical, psychological, social, and spiritual needs as they arise. How patients approach a life-threatening illness may or may not be founded in, or influenced by, their religion or belief system. Often, clinicians assume that because a person identifies himself or herself as Jewish, that person adheres to the Jewish religion. It is not uncommon for people to think of Judaism as a monotheistic world religion — like Christianity or Islam — that defines itself primarily through a creed or set of beliefs. However, Judaism begins with ethnic identity, as most Jews are Jewish by virtue of being born into a Jewish family. Judaism as a religion is comprised of a set of beliefs and rituals, and a person converting to Judaism needs to commit to these beliefs. Many people who are born Jewish identify themselves as Jews only in an ethnic or cultural sense, as their Jewishness is not connected to religious faith or a belief in God (1). Some Jews are atheists and still consider themselves to be good Jews; others are secular Jews who choose not to live in accordance with the sacred texts (2). Yet the patient discussed in this case report demonstrates that even though many Jewish patients self-identify as strictly ethnic or cultural Jews, their personal identity and behaviour have been shaped by Jewish religious tradition. For this reason, there are ways in which Jewish teachings and values can provide comfort to such patients during their cancer journey.

CASE REPORT

Mrs. K. is a 65-year-old Jewish woman who has never smoked and is being treated for late-stage lung cancer. She has no personal or family history of cancer. Mrs. K. has received several lines of chemotherapy, and each time she has had to stop treatment due to disease progression. However, the present chemotherapy has been working for over a year, and her Karnofsky Performance Scale

is 90 percent, with minimal side effects. Mrs. K. has been happily married for 43 years and has three grown children and four grandchildren. She has great support from family and friends and is always accompanied by her husband or one of her daughters to clinic appointments. She and her husband love to travel, and when not travelling, Mrs. K. enjoys getting together with friends as well as volunteering at the local library. Mrs. K.'s parents were Holocaust survivors who immigrated to New York. She was born in the city and lived there until she married. Mrs. K. had two older brothers who died very young in the Holocaust; she has two younger sisters who live in New York City. As she grew up, Mrs. K. was deeply and negatively affected by the horrific events her parents had experienced.

When Mrs. K. was asked if her Jewish religious or spiritual beliefs gave her comfort or strength in dealing with her lung cancer and the medical treatments for it, she stated that they did not. She said that she did not consider herself religious, that Judaism was what she was born into — it wasn't a choice. Thinking about religion made her feel depressed. Her illness had not changed her belief in God. She said, "God is too busy to care about one person."

Mrs. K. does not believe that her being Jewish has any bearing on her illness or on the way she copes. For her, the element of long-term hope is gone because she knows she is going to die from the cancer. The uncertainty of not knowing how long the chemotherapy will work and when the cancer will progress depresses her. She feels sad when she thinks about what she will be leaving behind, because she has enjoyed her adult life very much, as compared to her childhood. Her parents taught her to live a good life and to help others, because they believed that by helping one person, one helps the whole world. She feels good when she helps others. It gives her a sense of purpose. When asked if she would be interested in talking with the chaplain about any of her concerns, she declined. For her, God is silent.

DISCUSSION

This composite case study illustrates the challenges faced by healthcare professionals who provide care to Jewish patients. Traditional spiritual language may not always apply in the clinical encounter. Patients admitted to hospital or seen in the outpatient clinic are routinely asked to state their religious affiliation. Those who indicate that they are Jewish may be referring to their religious, and/or ethnic, and/or cultural identities (3). In order to understand what patients mean by “Jewish,” the clinical team needs to gather more information.

Data from the 2000-2001 National Jewish Population Survey show that nearly three-quarters of all American Jews, including many who are not synagogue members, identify as Jews through the framework of a particular Jewish denomination. However, as stated in a report on the survey, “while denominational identification is often highly predictive of attitudes and behaviour, it is important to keep in mind that respondents do not necessarily adhere to official doctrines or practices as articulated by denominational leaders” (4, p. 4). Therefore, Jewish patients who indicate that they are Reform, or Conservative, or Orthodox may be referring to the type of synagogue with which they are affiliated, or the type of synagogue they belonged to when they were growing up, but not necessarily to their belief system or religious outlook. Even though most Jews still identify with a particular denomination, more and more do not identify with any denomination. Rather, they refer to themselves as “just Jewish,” or some secular alternative (4). A growing number of patients maintain that they are Jewish, but their Jewish identity is an expression of their ethnicity and/or culture alone. As clinicians, it is important for us to adapt the spiritual/religious language we use with Jewish patients (as well as patients of other religions) so that we are better able to screen and assess their spiritual needs and provide the appropriate spiritual support.

Many Jews assume that Judaism is a monolithic religion that offers its adherents only one way to view religious topics and God. Consequently, many have left their religious communities because they believe that Judaism no longer speaks to them and even seems to contradict their values and/or life experiences. Similarly, many Jews assume that a chaplain (who may be a clergy member) has an agenda and will judge them based on their level of observance of Jewish traditions. As a result, Jewish patients often decline the offer to speak with a chaplain in hospital for fear that the visit will make them feel guilty rather than comforted. In the United States, many Jewish

chaplains are rabbis; however, a significant number are also cantors and professionally trained lay personnel (5). The term “chaplain” in this article refers to any individual who provides spiritual care to patients, whether that person is a professionally trained chaplain (Jewish, or of another faith) or a Jewish clergy member.

It is interesting that Mrs. K. does not believe that being Jewish affects her illness or the way she copes with it, since some of her statements reflect Jewish religious values and ideas. For example, she seems to reject the notion of a personal God — a God who cares about each individual and who is affected by the behaviour of individuals. She is not alone. According to the Pew Forum on Religion and Public Life’s US Religious Landscape Survey (2008), one in four people, including approximately half of all Jews, view God as an impersonal force (6). However, in Judaism, the concept of a personal God is not the only God idea that can be found. Mrs. K. might find comfort in speaking about her religious or spiritual beliefs with a Jewish chaplain and learning that many Jewish scholars and rabbis who came before her shared her beliefs. Knowing that she is not alone in this could help her feel less isolated and more connected to other members of the Jewish community who are struggling to understand God’s nature.

Another factor that could influence Mrs. K.’s view of God is the direct effect that the Holocaust had on her family. In contemporary Judaism, the Holocaust is viewed as a significant event that has affected Jewish theology and many areas of Jewish life. According to Katz (7), the presumed absence of God during the death of six million Jews caused many Jews to reconsider their beliefs — specifically, the belief that God plays a role in their personal daily lives. So harrowing was this event that it caused many to stop believing in the existence of God, as exemplified by this statement from a Holocaust survivor: “[I] cannot find any explanation to excuse the inaction of traditional Judaism’s assertedly benevolent, omnipotent, historically active God during the Shoah (Holocaust)” (6, p. 274).

Other Jews attribute God’s failure to intervene in this suffering to the evil perpetrated by human beings. Because God gave human beings free will, He was obligated to respect their freely made decisions and so turned His face away from the suffering (3). Katz quotes Rabbi Eliezer Berkovits, who describes this as “the ultimate tragedy of existence: God’s very mercy and forbearance, His very love for man, necessitates the abandonment of some men to a fate that they may well experience as divine indifference to justice and human

suffering" (7, p. 470). Would it not be logical, then, for Mrs. K. to conclude that if God did not intervene to alleviate the vast suffering of six million Jews during the Holocaust, including her parents, then God would not help one woman with cancer? A clinician's inquiry into her beliefs could pave the way for the chaplain to engage Mrs. K. in a discussion about God. This could help Mrs. K. to express her feelings about what happened to her parents and her brothers during the Holocaust. Then, possibly, Mrs. K. could feel God's presence in her cancer journey, even if she never came to believe that He would intervene and take away her illness.

Mrs. K. states that her long-term hope is gone because she knows that she is going to die of her cancer. There is looming uncertainty about how long the chemotherapy will continue to work. Even though Mrs. K. very much enjoys her life, uncertainty about how much time she has left has created an endless void, which encircles her world, casting shadows on her joys and hopes. Judaism views illness and death as a natural part of life, as eloquently stated in Ecclesiastes (3: 1-4): "To everything there is a season, and a time to every purpose under the heaven...A time to be born, and a time to die...A time to weep, and a time to laugh; a time to mourn, and a time to dance." However, much Jewish tradition focuses on living life and enjoying life. Judaism considers human life so important that saving it takes precedence over most other commandments.

It is natural for Mrs. K. to feel sad that her time on earth is limited. Perhaps an invitation from the clinician to reflect on the life she has lived as well as the life she will leave behind when she dies would be valuable to her. The chaplain's intervention for Mrs. K. might include helping her to reflect on Moses, the Hebrew prophet whose story is recounted in the Bible, and who was also distressed about his impending death. Sharing this narrative could bring her comfort as she thinks about her own death. When God tells Moses that he will die on Mount Nebo and will not be able to lead the Israelites into the Promised Land, Moses does not accept God's plan. Instead, he repeatedly pleads with God to let him live longer. Resisting death is a natural response for a human being. But there comes a time when one has to accept one's impending death, just as Moses did. At the end of the Book of Deuteronomy, Moses, as God has commanded him to do, climbs Mount Nebo. He looks down at the Promised Land, and then he dies. Perhaps, after Mrs. K. takes a look at her own promised land, she, like Moses, will be able to accept what life holds for her.

The knowledge that she will have to leave her family behind is what most distresses Mrs. K. Her family is a source of joy for her and gives her life meaning and purpose. It is normal for Jewish patients who see the end of their life approaching to have such feelings. Many Jewish religious and cultural practices are undertaken in the home. Today, many Jews attend the Passover Seder so that they can relive childhood experiences or spend time with family members, and not necessarily for religious reasons. It may help Mrs. K. to think about how her legacy will live on, even if she is no longer physically present. The writing of an ethical will is a wonderful custom that originated in the Bible with the story of Jacob and his children. In Genesis 49, Jacob, on his deathbed, gathers his sons about him so that he can bless them. Since biblical times, the ethical will has developed into a document in which a parent (or anyone concerned about loved ones who will be left behind) can record reflections on what he or she has learned in life and express what he or she wants most for, and from, children and loved ones. The ethical will stems from the belief that the wisdom parents have acquired is as much a part of their legacy as their material possessions (8).

Mrs. K. also stated that her parents had taught her to help others, because by "helping one person, you help the whole world." These words sound similar to a passage in the Mishnah, a compilation of rabbinical teachings codified in about the second century: "Whoever saves a life, it is considered as if s/he saved an entire world" (Sanhedrin 4: 5). Mrs. K. has said that Jewish religious or spiritual beliefs do not give her comfort as she deals with her cancer treatment. Yet it seems that she has found meaning and purpose in life by following the ethical teachings of the Jewish religious tradition on the value of helping an individual and thus the whole world. It is interesting that Mrs. K. does not identify these values as belonging to this tradition and does not want to speak to a chaplain. Perhaps this is due to her assumptions about the teachings of Judaism and about the role of the chaplain.

In Judaism, pastoral care is provided through an egalitarian relationship between the patient and the provider. In Hebrew, pastoral care is referred to as "*livui ruchani*," or "spiritual accompaniment." The root of the Hebrew term refers to someone who "walks with" another (9). It is the role of both chaplain and clinician to be present with the patient and to let the patient guide the visit. The chaplain and the clinician can provide comfort in this way — by being present, by actively listening to the patient speak about whatever is on his or her mind, and by responding

appropriately to the patient's concerns. Even if its subject is not a traditionally religious one, engaging in such a conversation can bring patients a huge sense of relief when they realize that they are able to direct the visit and share their thoughts and feelings in a nonjudgmental space.

CONCLUSION

This case report illustrates the challenges faced by clinicians and chaplains when caring for Jewish

patients. It also illustrates the great differences in belief among Jews and demonstrates that clinicians and chaplains cannot make assumptions based on a patient's self-identification as Jewish. It is important for clinicians to be willing to engage in spiritual conversations with patients so that they can make timely referrals to chaplains. Table 1 provides examples of Jewish patient comments, clinician probes for further screening, and possible chaplain interventions.

Table 1 / Common Jewish Patient Comments, Clinician Probes, and Chaplain Interventions

| Patient comments | Clinician probes to screen for chaplaincy referral | Chaplain interventions |
|--|---|---|
| <ul style="list-style-type: none"> • "I feel abandoned by God." | Acknowledge patient's feelings and use any of these probes: <ul style="list-style-type: none"> • "Can you share more about those feelings?" • "In what ways do you feel abandoned by God?" • "Have you felt this way before?" • "What would make God feel closer?" • "Do you have a good support system?" • "Would you like to speak to a rabbi?" | <ul style="list-style-type: none"> • Ask patient, "What does that sense of abandonment mean to you?" • If patient believes in God, explore how God could be present in the hospital or clinic. • Determine whether patient feels disconnected from other people or the Jewish community. If yes, explore ways to reconnect patient. • Explore patient's personal, family, and community connections. |
| <ul style="list-style-type: none"> • "I am just Jewish, I am not religious." | <ul style="list-style-type: none"> • "Can you share what you mean by 'just Jewish' and 'not religious'?" • "What gives you strength?" • "If you are not religious, would you consider yourself spiritual? If so, how do you meet your spiritual needs?" • "What gives you meaning and purpose?" | Ask patient: <ul style="list-style-type: none"> • "What does being Jewish mean to you?" • "What makes you feel Jewish?" • "Which Jewish values are important to you?" • "Which Jewish customs do you enjoy?" • "What values did your parents pass on to you?" |
| <ul style="list-style-type: none"> • "There is no hope for healing for me; I will die from this." | <ul style="list-style-type: none"> • "Can you share with me what healing means to you?" • "If this is true for you, how do you cope? What kinds of answers have you thought about?" • "Are you able to hope for other things in life if physical healing doesn't happen?" | <ul style="list-style-type: none"> • Ask patient, "How do you define healing?" • Explore concept of healing with patient from a Jewish perspective. Healing can mean a cure, but it can also mean the end of suffering, acceptance of one's fate, or the ability to express one's pain. • Use this excellent resource: Cutter (10). |
| <ul style="list-style-type: none"> • "I am worried about my family." • "I don't want to leave my grandchildren. I want them to remember me." | <ul style="list-style-type: none"> • "In what ways are you worried about your family?" • "Have you thought about leaving a legacy for your grandchildren?" (Provide examples: photo albums, videos, letters, or stories.) • "What is it about you or your life that you would like your grandchildren to remember?" | <ul style="list-style-type: none"> • Explore patient's family relationships. • Ask patient, "What gives you strength to keep going?" • Ask patient, "What values do you want to pass on to the next generation?" • Ask patient, "How do you want to be remembered?" • Introduce patient to the ritual of creating an ethical will that describes the values he or she wants to pass on to loved ones. |
| <ul style="list-style-type: none"> • "I feel like I am being punished." | <ul style="list-style-type: none"> • "Can you share with me what makes you feel this way?" • "That is a heavy burden. How are you coping?" • "Do you feel as though you deserve this illness?" | <ul style="list-style-type: none"> • Explore patient's feelings of guilt. • Explore other ways one could approach illness and its causes. • Ask patient, "What meaning have you created from your cancer journey?" • Explore other metaphors for the experience (such as cancer treatment as a journey, cancer as a teacher). |
| <ul style="list-style-type: none"> • "God doesn't care about me." • "God hasn't answered any of my prayers." | <ul style="list-style-type: none"> • "Can you share more about that? Is this a new feeling for you?" • "How is prayer important to you?" • "In what ways has God not answered your prayers?" • "Is this affecting your faith or spirituality? If so, in what ways?" • "Have you been able to share these feelings with someone close to you?" | <ul style="list-style-type: none"> • Explore patient's conception of prayer and God. Does he or she believe in a God who intervenes? • Explore Jewish ideas about prayer, the purpose of prayer, and different ways a prayer might be answered. • If patient is open to it, pray with patient. Ask what he or she is hoping for. • Help patient craft his or her own prayers to express feelings. • Introduce patient to biblical laments or cries of anguish (Lamentations, Psalms, Hannah's prayer). |

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REFERENCES

1. Hecht M, Faulkner S. Sometimes Jewish, sometimes not: the closeting of Jewish American identity. *Commun Stud* 2000; 51(4): 372-387.
2. Baeke G, Wils JP, Broeckaert B. "There is a time to be born and a time to die" (Ecclesiastes 3: 2a): Jewish perspectives on euthanasia. *J Relig Health* 2011; 50(4): 778-795.
3. Stern RM, Rasinski KA, Curlin FA. Jewish physicians' beliefs and practices regarding religion/spirituality in the clinical encounter. *J Relig Health* 2011; 50(4): 806-817.
4. Ament J. American Jewish religious denominations. New York: United Jewish Communities; 2005 Feb. (United Jewish Communities report series on the National Jewish Population Survey 2000-2001 no. 10).
5. Tabak R. The emergence of Jewish health-care chaplaincy: the professionalization of spiritual care. *Am Jewish Arch J* 2010; 62(2): 89-109.
6. Pew Forum on Religion and Public Life. US religious landscape survey. Religious affiliation: diverse and dynamic. Washington: Pew Research Center; 2008 Feb.
7. Katz ST, Biderman S, Greenberg G. *Wrestling with God: Jewish theological responses during and after the Holocaust*. New York: Oxford University Press; 2007.
8. Riemer J, Stampfer N. *Ethical will: a modern Jewish treasury*. New York: Schocken; 1983.
9. Friedman DA. Introduction. In: Friedman DA, editor. *Jewish pastoral care: a practical handbook from traditional and contemporary sources*. Woodstock (VT): Jewish Lights; 2005.
10. Cutter W, editor. *Healing and the Jewish imagination: spiritual and practical perspectives on Judaism and health*. Woodstock (VT): Jewish Lights; 2007.