

Lessons of the Deaths of Pope John Paul II and Terry Schiavo



The deaths of Pope John Paul II and Terry Schiavo came within hours of each other. They have been the focus of media attention, inquiry and debate. What can we learn from them?

It is commonplace to say that Pope John Paul II was a remarkable, historic figure, whose life of courage and faith inspired millions, even those who were not his co-religionists, and those who did not share his doctrinal views. But perhaps his most noble achievement came in the way he died.

Here was a frail, aged man, beset by illness, both acute and chronic. Yet, even in his debilitated state, he never gave up on life and never gave up on his mission and responsibility.

He embraced medical technology when there was hope to prolong his life, and he accepted when physicians, and his own inner constitution, told him that no more could be done. Even on the verge of death he testified to life as he appeared at his window, his very image a source of solace in moments of pain to the faithful. And when death came, it was clear that he faced it with faith, without fear, and with an aspect of gratitude and blessing to the Almighty.

What a wonderful human example. We each must face the inevitability of our own death. In doing so, we must balance the imperative of prolonging life with all the tools God has given us, and the insight of knowing when it is time to let go, when struggle is of no avail.

The case of Terry Schiavo demonstrates that this balance is not always evident with the clarity we might like. Good people of sincerity have differing positions about the appropriate action in a case like Terry Schiavo. People of faith can argue for the maintenance of the feeding tube; and others just as good and faithful can argue with equal passion and logic for its removal. The greatest tragedy of the Schiavo case may well be, not the death of this young woman, whose life as we know it was effectively ended fifteen years ago, but the tragic battle among those who loved her about how to proceed, given the nature of her condition.

What is abundantly clear, both morally and legally, is that if she had made a living will, if she unequivocally appointed a health care proxy, all of this could have been avoided.

And yet, when we are young and healthy, the last thing we want to contemplate is the possibility of our helplessness and death. We recoil at making a will and giving instructions to our loved ones about things they will have to deal with when we are gone. Something in our unconscious tells us that if we don't think about it or speak about it, nothing will happen. When it comes to dying, denying is the route most of us take.

The heroic example of the Pope, and the tragic case of Terry Schiavo, both point to the futility of denial, and the further pain that comes in its wake.

So, how do we proceed? What should our living will contain? How do we determine our choices? What are the moral imperatives? What, for us, does our Jewish tradition teach about it?

The Rabbinical Assembly, the world-wide organization of Conservative rabbis, has published a profound work entitled "Jewish Medical Directives for Health Care." It is based on deliberations of the Committee on Jewish Law and Standards of the organization, the group that makes *halachic*, Jewish religious legal decisions for the Movement. The packet of material contains a brief discussion of the issues, and two documents, a "Proxy Directive," a durable power of attorney for health care, and an "Instruction Directive to Guide Health Care Decisions."

The latter document walks one through the key issues that need resolution, highlights the differing moral positions among the rabbis, and requires that the individual thoughtfully choose the position that most represents his/her moral stance and personal preference. Among the sections are guidance on general treatment goals, considerations in cases of irreversible terminal illness and permanent loss of consciousness, and wishes in case of death.

I will be happy to make a copy of this packet available to any congregant who requests it, and offer personal guidance if you desire assistance in completing it. Please call the office or e-mail me at rabbirosenbloom@adathjeshurun.info, putting "Health Care Directives" in the subject line.

In the fall, the Jewish Theological Seminary and the Donsky-Hunn Torah Institute of Congregation Adath Jeshurun will present a day of study on these issues. Leading representatives of the Movement on health care issues will be present to share their views, and there will be workshops and individual sessions to guide the completion of a "living will." While the date has not yet been set, it will be either on Sunday, November 13 or 20, 2005. Watch for more information.

Our human mortality, the inevitability of our own death, is at the root of all consciousness. We rail against it. We fight it with all we have. And we should. But it is in the shadow of death that our lives take on meaning. It is because we know that we are here but for a fleeting moment of eternity. We want to experience as much of life's sweetness as we can. We yearn to imbue our lives with significance. We urgently desire to leave something behind that is lasting and ennobling. In the end, it is as we face death that the true meaning of our lives is revealed. It is on the threshold of dying that our faith is most evident.

Pope John Paul II was the model of an individual who cherished life, achieved a life of significance and meaning, and has left behind something uniquely lasting. In facing death with courage and not denial, with faith and not fear, he has given us a brilliant model for how to live and how to die.

It is for us to learn from it and put the lessons into action.

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