HIGH HOLY DAY SERMON 5776:
Rosh Hashana AM
Atul Gawande On Being Mortal

Judaism is a religion that focuses on life. The one exception is the High Holy Days when we are meant to face our mortality, to contemplate our death. As Rabbi Yitz Greenberg writes: "To recognize the brevity of human existence gives urgency and significance to the totality of life." Facing death we ask vital questions such as: What is most important to me? What gives my life purpose?

These are questions that become all the more urgent for those of us at the twilight of our lives, especially when our bodies begin to fail – when we lose our eyesight, our hearing, our memory and, most of all, our independence. Indeed, according to physician and author Atul Gawande, this is what concerns the elderly a lot more than the fear of death itself.[1] And that is why he urges us to rethink how we treat these members of society. I know this is familiar to you – so many older people are left alone in "anonymous facilities,

[1] P. 55

their last conscious moments spent with nurses and doctors who barely [know their names.]"[2]

In his recently published book, *Being Mortal: Medicine and What Matters in the End*, Gawande describes this state of affairs:

"The waning days of our lives are given over to treatments that addle our brains and sap our bodies for a sliver's chance of benefit. They are spent in institutions – nursing homes and intensive care units – where regimented, anonymous routines cut us off from all the things that matter to us in life. Our reluctance to honestly examine the experience of aging and dying has increased the harm we inflict on people and denied them the basic comforts they need. Lacking a coherent view of how people might live successfully all the way to the very end, we have allowed our fates to be controlled by the imperatives of medicine, technology, and strangers."[3]

[2] P. 14
[3] P. 9

Gawande focuses his criticism of our current system on two main areas: First of all, he says, we favor health and safety over what people care about in their lives.[4] "We apply medicine and technology to try to cure the incurable as we delude ourselves into believing that any health problem can be fixed," he says. "That is because we are afraid to engage in conversation about death and dying. Patients and doctors focus on beating steep odds without considering how certain treatments might make the patients' remaining time alive worse. This is understandable," he says, but "hope is not a plan."

Secondly, Gawande claims that we keep people "in controlled and supervised [institutions]" that result in lives that are "empty of anything [the elderly care] about."[5] He suggests, rather, that doctors ask patients what would be meaningful to them, what would give them the best quality of life.[6] In other words, doctors should have conversations with their patients, trying to assess what is important to them.

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[4] 104-5

[5] P. 109.

[6] P. 234

Doctors should ask patients questions such as:

"What goals [are] most important to [you]?

What [are your] biggest fears and concerns?

What trade-offs [are you] willing to make,

and what ones [are you] not?"[7]

Conversation, questions, words are fundamental to Judaism.

After all, God creates the world with words.

The seder during Passover is conducted through a series of questions.

The Talmud, one of our seminal texts, is a 63-volume dialogue

between various sages. Indeed, seeking to understand what the patient

really needs, both physically and mentally, is what

the 12th century Spanish rabbi and physician, Maimonides, recommends.

Here was his approach: "First the physician needs to obtain

a clear understanding of the patient's subjective world and

secure a diagnosis of the patient's psychological distress...

Only after the 'psychological workup' can the physician begin

[7] P. 234.

with a medical intervention…Maimonides expects that the patient's 'spirits should be raised, and depressive and self-defeating thoughts would decrease in frequency and vanish.'"[8]

Medical personnel who have been trained in geriatrics take this kind of approach.

The focus of geriatrics is not on curing a disease but on making sure the person is able to function to the best of their abilities, that they retain a measure of independence, and that they have quality of life.[9]

Atul Gawande reports that "…the patients who had seen the geriatric team [rather than just the doctor] were a quarter less likely to become disabled and half as likely to develop depression. They were 40 percent less likely to require home health services.[10] The geriatric teams weren't doing lung biopsies or back surgery or insertion of automatic defrailers.

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[8] Fred Rosner and Samuel S. Kottek, eds. *Moses Maimonides: Physician, Scientist, and Philosopher* (Northvale, N.J.: Jason Aronson), p. 167. Quoted by Richard Address p. 288 in Bill Cutter's *Midrash and Medicine*.

[9] P. 234

[10] P. 44

What they did was to simplify medications. They saw that arthritis
was controlled. They made sure toenails were trimmed and
meals were square. They looked for worrisome signs of isolation and
had a social worker check that the patient's home was safe...
What geriatricians do [is] bolster our resilience in old age]…
it requires vigilance over nutrition, medications and living situations."[11]

Hospice care takes a similar approach. Sarah Creed, a nurse with hospice,
says: "The difference between standard medical care and hospice
is not the difference between treating and doing nothing…
The difference [is] in the priorities. In ordinary medicine,
the goal is to extend life. We'll sacrifice the quality of your existence now –
by performing surgery, providing chemotherapy,
putting you in intensive care – for the chance of gaining time later.
Hospice deploys nurses, doctors, chaplains, and social workers
to help people with a fatal illness have the fullest possible lives
right now…In terminal illness, that means focusing on objectives

[11] P. 45-6

like freedom from pain and discomfort, or maintaining mental awareness for as long as feasible, or getting out with family once in a while…[12]

In contrast, the main concern in nursing homes has been with patients' safety rather than with the quality of their lives. Gawande introduces us to one alternative to the traditional nursing home. Bill Thomas, the medical director of a nursing home in upstate New York decided "to attack…the Three Plagues of nursing home existence: boredom, loneliness, and helplessness. To attack the Three Plagues [he] needed to bring in some life. [So he] put green plants in every room. [He tore] up the lawn and create[d] a vegetable and flower garden. And [he brought] in animals."[13] This had an incredible effect on the residents. Mr. L, for example, "'had lost his wife, his home, his freedom, and…his sense that his continued existence meant something. The joy of life was gone for him.'"[14] Anti-depressants were of no help as Mr. L gave up walking and confined himself to bed. --Until -- he was given

[12] Pp. 160-1.
[13] P. 116
[14] P. 124.

a pair of parakeets. He began caring for the birds.

"In place of boredom, they offer[ed] spontaneity.

In place of loneliness, they offer[ed] companionship.

In place of helplessness, they offer[ed] a chance to care for another being."[15]

As a result, Mr. L began eating again and dressing himself.

"One hundred parakeets, four dogs, two cats, a colony of rabbits,

and a flock of laying hens later, researchers found that, after two years,

the number of medications required of the Chase residents was half that

of a typical nursing home. Deaths fell 25 percent."[16]

What made the difference? For Thomas it was that the residents

at his home had a reason to live – taking care of an animal or even a plant.

Gwande reminds us that "People with serious illness have priorities

besides simply prolonging their lives. Surveys find their top concerns

include avoiding suffering, strengthening relationships with family and

friends, being mentally aware, not being a burden on others,

and achieving a sense that their life is complete." He says that,

[15] P. 125
[16] P. 123

"Our system of technological medical care has utterly failed

to meet these needs, and the cost of this failure is far more than dollars."[17]

A sense of purpose and a feeling of being important to another person –

having significant relationships -- are vital for those facing

declining bodily functions and a loss of independence – indeed,

are vital to anyone who is ill. A poignant story in the Talmud

underlines this fact:

Rabbi Chiyya bar Abba fell ill.

Rabbi Yohanan came to see him. He said to him:

Is your suffering pleasing to you?

Rabbi Chiyya said: No.

Rabbi Yohanan said: Give me your hand.

Rabbi Chiyya gave him his hand, and he was lifted up.

Rabbi Yohana became ill.

Rabbi Chanina came to see him. He said to him:

Is your suffering pleasing to you?

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Rabbi Yohanan said: no.

Rabbi Chanina said: Give me your hand.

Rabbi Yohanan gave him his hand. And he was lifted up.

Why? Why could not Rabbi Yochanan lift himself up?

Because a prisoner cannot free himself from his prison.

Rabbi Elazar became ill.

Rabbi Yohanan came to see him.

He saw that Rabbi Elazar was crying. He said to him:

Why are you crying? If you are crying because you did not study enough Torah, we have learned that it does not matter whether you have studied enough Torah, as long as your heart is directed toward heaven. Or if it is because you are poor -- not every man can be wealthy.

If it is because you didn't have enough children, I have lost 10 children.

Rabbi Elazar said: No, I am crying because we are all going to die.

Rabbi Yohanan said: That is worth crying for, so the two of them cried.

Then Rabbi Yohanan asked him: Is your suffering pleasing to you?

Rabbi Elazar said: no.

Rabbi Yohanan said: Give me your hand.

Rabbi Elazar gave him his hand and he was lifted up.[18]

In this story, we see that the connection between two friends is what "lifts up" the one who is sick. Lifting up might mean cure or heal, but it also might mean that the sick person's spirits were lifted – which is at least half the battle. We also see that Rabbi Yohanan, who can help others who are in distress, cannot help himself – he needs others as well.

And we see that when Rabbi Yohanan makes assumptions about the other person – in this case, Rabbi Elazar— and he misses the mark. Rabbi Elazar is not worried about Torah, or money, or children – he is concerned about his own mortality. Once Rabbi Yohanan can ask Rabbi Elazar what he is worried about and can really "hear" him, then he can offer him what he really needs, which is an understanding heart and a hand of friendship.

[18] B. Talmud, Berakhot 5b

The Jewish healing movement took this approach as well.

One of its founders, Rachel Cowan, explains,

"'that even though illness might not be curable, there were many ways to relieve suffering…We knew that relationships and community were the key to healing.'[19] Jewish healing movement practitioners… sit with us, listen and sing and laugh and tell stories with us."[20]

Rabbi Abraham Joshua Heschel believes that:

"The doctor is God's partner in the struggle between life and death. Religion is medicine in the form of prayer; medicine is prayer in the form of deed…It is a grievous mistake to keep a wall of separation between medicine and religion."[21]

We can't expect doctors to be rabbis or priests – but we can ask them to pay attention to the spiritual needs of their patients.

As Dr. Gawande concludes: "…our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities

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[19] Cowan, editorial in *The Outstretched Arm*, the newsletter of the National Healing Center, Fall 1991, as quoted by Philip Cushman, PhD, "The Danger of Cure, the Value of Healing," in Cutter's *Midrash Medicine*, p. 233

[20] Philip Cushman, PhD, "The Danger of Cure, the Value of Healing," in Cutter's *Midrash Medicine*, p. 233

[21] Heschel, *The Insecurity of* Freedom (New York: Schocken, 1979), p. 33, as quoted in Bill Cutter's *Midrash and Medicine* by Richard Address, pp. 287-8.

beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives."[22]

May doctors heed this call. And may we also do our part by visiting those who are ill, aged or shut in. In that way, we too can lift up those in need of healing.

Hallelujah, p. 135.

[22] P. 243