

Vayishlach 5781

How would you feel if your loved one died because of a misguided government policy? You would probably be horrified, angry and demand answers from our politicians, and rightfully so.

Sadly, I would even say tragically, an unknown number of Montreal and Laval families are wondering if their deceased loved one might be alive today if it weren't for a horrible policy from Quebec's Health Ministry that was in effect from April 4 to September 21.

You are probably wondering what I am talking about.

Unbeknownst to most of the population, during the first wave of the coronavirus pandemic, Quebec's Health Ministry ordered Urgence-santé paramedics not to resuscitate patients who had flatlined.

The Health Ministry stated the purpose was two-fold: 1. to prevent hospital ICUs from being overwhelmed and 2. to protect paramedics from possible infection with COVID should the patient have been infected. In an interview with Global News, Pierre-Patrick Dupont, Urgence-santé director of care, added that by the time a patient has flat-lined there's only a 2% chance that they will survive in hospital.

Dupont's statement shows how the first reason given, to avoid overwhelming ICUs, was nonsensical. If only 2% survive, there was no danger that a handful of additional patients would overwhelm the hospitals. Yet for that handful of people, resuscitation could have meant years more to live with their friends and families. Also, the order was not cancelled during the summer, when there was no shortage of hospital beds. It wasn't cancelled until September, and that was only in response to complaints from the Urgence-santé union.

What's even more distressing than the idea that such a policy could be put in place by government bureaucrats, is the fact that the Quebec College of

Physicians (CMQ) supported this policy. This support violates several provisions of the CMQ's own Code of Ethics.

The Code of Ethics states that, "A physician must come to the assistance of a patient and provide the best possible care when he has reason to believe that the patient presents with a condition that could entail serious consequences if immediate medical attention is not given." Certainly, a patient who has flatlined is presenting with such a condition that would require a physician to help.

The Code of Ethics says, "A physician may not refuse to examine or treat a patient solely for reasons related to the nature of a deficiency or illness," so the fact that a patient has flatlined, and may or may not have COVID-19, should not be a reason to refuse to treat a patient.

The Code of Ethics also states, "A physician must refuse to collaborate or participate in any medical act not in the patient's interest as it pertains to his health." Clearly giving the CMQ's approval to a policy that could lead to additional deaths is a collaboration in medical acts not in any patients' interest.

We commend the Urgence-santé union for speaking up. Clearly the paramedics on the front line were not comfortable with sitting around doing nothing while someone died in front of their eyes. They were acting very much in line with the Jewish principle of *lo ta'amod al dam rejacha*, "do not stand idly by your neighbor's blood." This is a commandment found in the Torah, in the book of Leviticus. Rashi explains, "witnessing his death, you being able to rescue him: if, for instance, he is drowning in the river or if a wild beast or a robber is attacking him."

The Talmud clarifies that you do not have to sacrifice yourself to save others. Whether you must risk your life to save others is something of a gray area, unless you are a medical practitioner. The halacha specifies that a medical practitioner is expected to treat patients even if there could be a danger to his own life.

It's understandable that someone might not want to perform mouth-to-mouth resuscitation on someone during a pandemic. But administering chest compressions or attempting to shock the heart into restarting does not expose the health care worker to that level of risk.

There's no justification for the government's callous policy toward people who had flatlined. Beryl Wajzman, editor of *The Suburban*, called it "state-sanctioned manslaughter."

All too often, the government takes to callous a view of the value of a human life. Another example came up a few years ago. Back in 2016, the Canadian Criminal Code was modified to allow for medical assistance in dying – active euthanasia. The Jewish tradition has traditionally been opposed to active euthanasia, considering it outright murder. Our tradition teaches that life is infinitely valuable. Therefore, even someone who doesn't have a long time to live still has an infinitely valuable life – 10% of infinity is still infinity.

There's a saying in the legal world that applies to both secular law and halacha – "hard cases make bad law." There are some rabbis who can see how in extreme cases – someone who has a terminal illness and who is in a great deal of pain that's not controllable by medication – there are justifications for assisted suicide. But basing law on hard cases such as that, can lead to bad laws – which is what has happened with Canada's medical assistance in dying law.

Instead of stating a person must be terminally ill to be eligible for medical assistance in dying, the law says that "natural death must be reasonably foreseeable," without defining what that means or what boundaries are around it.

The law says there's a 10-day waiting period after a person makes a request for help to end their life – unless the doctor waives it. Which means effectively there is no waiting period.

Canada is also the only country in the world that grants blanket legal immunity to anyone assisting in the death of another with medical sanction. In other words, even if the doctors were not acting in the patient's best

interests, or were incompetent, they are exempt from any criminal prosecution or lawsuits.

Just a few months after the law was signed into existence, a woman wrote to the head of the Euthanasia Prevention Coalition with a terrible story. She was called to a meeting at hospice to be told that her aunt had requested euthanasia – she wanted the doctors to take her life. The woman and her sister argued that their aunt only appeared to have a severe bladder infection – which surely would not be a terminal illness. The hospice doctor said they would look into having her urine tested before proceeding.

The doctor who was going to administer the lethal injection showed up the next day, had the aunt sign the paperwork, which was witnessed by staff from the retirement home where the aunt lived. They mentioned the urine test to this doctor, and he said it would make no difference because the aunt had already signed permission for the euthanasia, and he was going to put a rush on it. Instead of waiting the recommended ten days, he conducted the mandatory three visits with the woman on three consecutive days, and then administered the lethal injection, without even making any effort to ascertain whether it was just a bladder infection.

Why was that doctor in such a hurry? Why would he ignore a concern that the patient's condition might just be a severe bladder infection?

While there may be “hard cases” where one might justify euthanasia, this case does not seem to meet those criteria. Yet the law allowed the murder of this woman, over the objection of her nieces. The bar needs to be raised much higher. Human life is far too valuable to be treated so cavalierly.

Halacha is not cruel. Halacha does allow for passive euthanasia. The idea under halacha is that once the process of dying has started, you don't have to drag it out. So, removing impediments to death such as a ventilator or feeding tube is considered acceptable by many rabbis depending on the circumstances. It's OK to give someone enough morphine to make them comfortable, even if it's such a high dose it potentially endangers the patient's life. We don't force people to suffer. Where we traditionally draw the line is actively killing someone or helping them to kill themselves.

The Torah and rabbinic literature are full of examples of the value placed on human life and how cautious we are to be. We can see an example in this week's Torah portion, Vayishlach. In this week's Torah reading there is a reunion between Jacob and his brother Esau. When Jacob fled from Esau 20 years earlier Esau wanted to kill him. Jacob had no idea what kind of welcome he was going to receive now. Fearful that Esau and his men would attack him, he took what precautions he could. He tried diplomacy, sending gifts. He asked God for help by praying. And he separated his wives and children into two camps. If Esau attacked, they shouldn't all be killed. At least some of his people should be able to escape to safety. This shows how even if we can't protect everyone, we protect who we can. We do what we can.

And that would include continuing to administer CPR even during a pandemic. We shouldn't let fear of a virus reduce the value of a human life. Everyone is entitled to the best treatment medicine can provide. Yes, there can be horrific occasions when all the hospital beds are full, and all the ventilators are in use and medical professionals will have to decide who lives and who dies. But barring such extreme circumstances, we should not have to fear that we could call for an ambulance, only to have the ambulance staff fail to do everything in their power to save a life, because of a foolish and cold-hearted government policy.

If we as a community do not demand answers from you duly elected officials, we are too are guilty of the violation of the law *lo ta'amod al dam reiacha*, "do not stand idly by your neighbor's blood."

Shabbat shalom.