Rabbi Shlomo Zalman Auerbach's Stance on End-of-Life Care

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In recent years, the problem of the dying patient has become one of the moral-medical problems and has produced stormy arguments in many societies. The most significant factor involved in the moral dilemma is the great advancement of modern medicine and technological interventions that have made possible prolongation of life in situations that were impossible in the past.[1] Additional considerations include that people die in institutions as opposed to at home, the incorporation of individuals with different value systems in treating patients who themselves have different value systems, the more pronounced involvement of society in medical-ethical decision-making, and the consideration of allocating scarce resources due to the large quantity of resources taken up by the terminally ill.[2] The question of extending life is often complicated by the fact that a dying patient is suffering, thereby semantically exchanging "extending the patient's life" with "prolonging his or her death." The trend in medical ethics is to focus on patient autonomy, allowing the patient to decide on whether he or she desires life-extending treatment in this situation. Recently, there have been calls to curtail the power invested in patients due to the concept of futility and the need

[1] Paul Ramsey, *The Patient as Person* (New Haven: Yale University Press, 197), p.116.

[2] Avraham Steinberg, *Encyclopedia of Jewish Medical Ethics* (Jerusalem, Feldheim, 2003), p. 1062.

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to ration precious medical resources.[3] In this essay we will focus on the perspective of Rabbi Shlomo Zalman Auerbach, thereby understanding his approach to these modern medical-ethical dilemmas.

Rabbi Auerbach was the dean of a rabbinical school for decades and was a preeminent, though untitled, decider of Jewish law in Israel. Rabbi Auerbach dealt with cutting-edge modern halachic issues, particularly in regard to medicine and technology. Rabbi Auerbach approached inquiries with sensitivity to the human condition as well as fidelity to Halacha.[4] It is this quality which particularly makes Rabbi Auerbach unique in the area of caring for a dying patient.

One of the primary questions with regard to the treatment of the terminally ill is to what extent one has to treat a patient, taking into account the severity of the patient's illness, his or her long-term prognosis, and the discomfort he or she was experiencing. Two rabbinic deciders who had extreme positions on this issue were Rabbi Eliezer Waldenberg and Rabbi Moshe Feinstein. Rabbi Eliezer Waldenberg, in his work *Ramat Rachel*, connects the questions of whether one is allowed/required to do everything in one's power to save the life of a dying patient (*goses*) and whether one is allowed to desecrate the Shabbat in order to do so. Rabbi Waldenberg explains that the dispensation given to save a life on Shabbat is not based on utilitarian decision-making, but rather is based on the principle of "you should live by them and not die by them," as explained by the Talmud in Yoma 85b. Rabbi Waldenberg claims that if you are to desecrate the Shabbat to save a terminal patient, then one is required

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[3] Alan Jotkowitz, " 'May It Be Your Will That Those Above Overcome Those Below': Rav Moshe Feinstein and Rav Eliezer Waldenberg on the Care of the Dying Patient," Jakobvits Center for Jewish Medical Ethics, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

[4] Aharon Lichtenstein, *A Portrait of Rav Shlomo Zalman Auerbach zt"l: Leaves of Faith* (Jersey City, N.J.: Ktav, 2003), p. 247.

to extend their life even if they are suffering.[5] Rabbi Waldenberg further elaborates on this point and states that it is not the patient's or family's decision whether to accept or reject treatment, and that a physician is required to extend life at all costs.[6] At the opposite side of the spectrum, Rabbi Feinstein concluded, "If a physician is unable to alleviate a patient's suffering, just to extend his suffering life with medications, they should not do so."[7] Rabbi Feinstein explains that a physician's obligation to cure the sick does not apply when a physician has no ability to cure the underlying disease, and, at the same time, a physician has a requirement to alleviate suffering.[8]

Rabbi Auerbach's approach lies between these two extremes. Although he allows extraordinary measures to be implemented for a terminal patient, he also enables a patient to refuse such interventions. He states:[9]

> Many debate the question of treatment of a terminal patient (*goses*).[10] There are those who think just as one desecrates the Shabbat for temporary life (*chayei shaah*), so too one is obligated to force a patient [to accept the treatment] on this, for he does not own himself to give up on even one minute. However, it makes sense if the patient suffers from great pain and suffering or even from very strong emotional pain, I think it is required to give the patient food and oxygen even against

[5] *Responsa Ramat Rachel* vol. 5 no. 28, Rabbi Waldenberg gives further proof and rationalizations to extend life in the responsa *Tzitz Eliezer*, vol. 9 no. 47 and vol. 14 no. 80.
[6] *Responsa Tzitz Eliezer*, vol. 18 no. 62.
[7] *Responsa Iggrot Moshe*, Choshen Mishpat, pt. 2 no.74:1.
[8] Ibid.
[9] *Responsa Minchat Shlomo*, pt. 1, chap. 91, 24 no. 2.
[10] The question of whether a *goses* is equivalent to a terminal patient is beyond the scope of this article.

his will, but it is permitted to refrain from giving medications that cause pain to the patient if the patient requests this.[11,12] However, if the patient is God-fearing and this will not disturb his mind too much, it is preferable to tell him that one hour of

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[11] Professor Avraham Steinberg published a guide on how to treat patients in an ICU; the protocol was reviewed and approved by Rabbi Shlomo Zalman Auerbach and Rabbi Shmuel Vosner:

(1) The following protocols pertain to patients in the ICU that fulfill the following conditions:

(a) Patients who were accepted into the ICU on the assumption that there was hope to save their life.

(b) Patients who received intensive care, including mechanical ventilation, treatment for infections, treatment to sustain blood pressure, treatment to prevent clots and bleeding, blood transfusion, parental feeding and permanent monitoring of blood pressure, pulse, breathing, and oxygen saturation.

(c) Patients who after all that was done above experienced irreversible failure of at least three vital organ systems, and when all the doctors who are caring for them, which includes all the doctors of the ICU, and all the specialist consults for the various medical problems of the patients, have decided that there is no chance to save their lives, and their death from their disease is expected in a short time, and specifically on condition that the patients are suffering, therefore we can assume that they [the patients] would not want to continue with unending suffering.

(2) These rules are true for all patients in an ICU, whether they are adults, children, or newborns.

(3) *The central halachic principle in relationship to these patients is based on the balance between the requirement to save a life and the prohibition of shortening life actively (with one's own hands), and the need to reduce further unending suffering on the other hand.*

(4) Therefore one should act accordingly:

(a) One should not start any new treatment that will lengthen the life of suffering of these patients.

(b) One should stop ordering new tests, such as blood tests that are supposed to asses the status of the patient, since the patient suffers because of them, and there is no purpose in performing these tests.

(c) There is no purpose in checking and guarding the patient in this condition, including checking the blood pressure, pulse, oxygen saturation (even

though these are done automatically with machines that are attached to the patient beforehand), and there is no need to treat the state of the patient based on the values that are shown on the screen, since the patient is suffering, and there is no purpose in these tests.

(d) One should continue treating the patient with pain-killers in order to reduce the amount of pain and suffering the patient experiences.

(e) It is prohibited to do any action that will lead to the immediate death of the patient. If it is questionable whether the given action will lead to the immediate death of the patient, it may not be performed.

(f) Therefore it is prohibited to disconnect a patient from a respirator, if the opinion of the doctors is that it is possible that his breathing is completely dependent on the machine. It is prohibited to immediately and completely stop medications such as dopamine, which are intended to maintain the blood pressure of the patient, if it is the opinion of the doctors that it is possible the blood pressure will fall immediately and the patient will die immediately.

(g) It is permitted to change or end therapy, if the opinion of the doctors is that the patient will not die immediately (even if because of the action the patient will die in a number of hours), as long as the doctors deduce that the patient is suffering, under the condition the changes will be done over a set of stages, with an analysis of the state of the patient after the changes have been made.

(h) Therefore, it is allowed to lower the rate of breathing of the respirator until the rate that the patient still breathes with his own force; it is allowed to lower the oxygen concentration that is flowing to the patient via the machine until it reaches 20 percent, which is the normal room oxygen concentration; one may lower the level of dopamine, as long as there is no serious change in the blood pressure of the patient, or even if there is a change but it will not lead to the immediate death of the patient; one may stop the total parental nutrition of the patient and change it to nasogastric tube or even to give only IV water and glucose; one may stop giving medications that are meant to prevent clots from forming or bleeding, such as heparin and H2 blockers; one may stop the giving of insulin to lower the level of glucose in the blood. All of this is on condition the patient is suffering.

(i) Therefore, it is permitted to refrain from refilling medications or restarting treatments that are given in a discrete basis and not on a continuous basis, for example: to stop treatment with dialysis; to stop treatment with dopamine after the bag is done; to refrain from replacing the IV bag of antibiotics after the bag is completed. All of this is if the patient is suffering.

(5) These protocols are only applicable on patients who fall into the category

> repentance in this world is preferable then all of life in the next world, as is seen in Tractate Sotah 20b[13] that it is a "merit" to suffer seven years rather than to die immediately.

Rabbi Auerbach seems to accept the inherent value of every moment of life, while at the same time acknowledging that heroic measures are not mandated in every case. This dichotomy is particularly evident from the fact that Rabbi Auerbach permits the violation of Shabbat to save a *goses*, while concluding that one is not obligated to save that very same *goses* on a weekday. Although Rabbi Auerbach addresses the possible inconsistency in the aforementioned paragraph, he gives no explanation why this should be so.[14]

Further, Rabbi Auerbach feels that the worth of human life is immeasurable and therefore must be saved in many situations, even when the life itself appears pained, unproductive, or potentially "not worth living":

> Even though it is simple and clear that the life of [fully] paralyzed people is not worth living. . . . We are commanded to

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of all of the above-mentioned requirements. In any other case a competent rabbinic authority should be asked.

Steinberg, Avraham, "Rules Governing a Doctor in an ICU," *Assia*, 1998, nos. 63–64, pp.18 ff.

It should be noted that Professor Abraham S. Abraham disagrees with the assertion that Rabbi Auerbach agreed with some of the protocols written above; Abraham S. Abraham, *Nishmat Avraham*, Yoreh Deah, siman 320 D:1, p. 320.

[12] The Gemara states that the life of a *sotah* is extended while she suffers, as opposed to her dying immediately. Maimonides quotes the law as follows, "A *sotah* who has merit of learning Torah, even though she is not obligated in it, does not die immediately . . . but suffers greatly for a year or two or three according to her merit and dies with a swollen abdomen and her limbs falling off" (Maimonides, Sotah 3:20). Rabbi Waldenberg, in his book *Tzitz Eliezer*, vol. 14 no. 80, uses this as a proof for his position that life must be extended at all costs.

[13] In general Rabbi Auerbach will often not spell out the precise reasoning for his positions, and instead leaves it to the reader to figure out his rationale.

[14] *Responsa Minchat Shlomo*, pt. 1, chap. 91, 24, no. 1.

> extend the life of paralyzed people, and if he is sick we are commanded to desecrate the Shabbat because the idea of life has no measurement to measure its worth. . . . Furthermore, it seems to me that even if the sick person is really suffering, according to Halacha one is commanded to pray that he die, as it is written in the *Ran* in Nedarim (40a) and it is brought down in the deciders, even at that time when one is praying that the patient die, he must work to save the patient's life many times and desecrate the Shabbat to save him.[15]

Here Rabbi Auerbach seems to create another contradictory reality where a patient's life is not worth living, to the extent that one is commanded to pray for the patient's death, but one is also commanded to intervene to save the patient. However, in spite of the commandment to seemingly preserve life at all costs, in this specific responsa Rabbi Auerbach did not require a patient to undergo surgery that, although potentially life-saving, would have made her a quadriplegic. Instead, he concluded that this was a case of nonintervention, and, therefore, one might rely upon God's mercy and not perform the surgery.[16] It would seem therefore that Rabbi Auerbach would require the saving of the life of a person whose life can at the time of the danger, be categorized as "not worth living" while allowing a person to choose an almost certain death through inaction, when the course of action to save life would result in "a life not worth living". The common denominator in all of these cases is that Rabbi Auerbach uses the patient's wishes to adjudicate the question at hand, and his halachic interventions are utilized to protect the patient's desires.

It is of note that Rabbi Auerbach concludes that a life of suffering is preferable to a quick death, based on the Talmud in Sotah, while there is a story in the Talmud Ketubot, which is also quoted by

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[15] Ibid.

[16] Talmud Babli, Ketubot 104a.

the *Ran* in Nedarim that Rabbi Auerbach himself references, which reaches the opposite conclusion, i.e., that there are cases where death is preferable to life:

> On the day that Rebbe was dying, the rabbis instituted a fast and begged for mercy and proclaimed that anyone who said that Rebbe was dying should be stabbed with a knife. The housemaid of Rebbe climbed to the roof and said, "The heavens are requesting Rebbe and the earth is requesting Rebbe, may it be your will that the earth should overcome the heavens." When she saw how many times Rebbe had to go to the bathroom and remove his tefillin and the suffering involved, she said, "May it be your will that the heavens will overcome the earth." When she saw that the students continued to pray, she took an urn and threw it to the ground; the students stopped praying [because of the sound of the urn breaking] and Rebbe's soul departed.[17]

Rabbi Feinstein derives from this story there are times when a patient should refuse certain medical treatments if they will serve only to extend his suffering.[18] Furthermore the aforementioned *Ran* in Nedarim concludes from this story that it is sometimes appropriate to pray for the death of a patient who is suffering. It is therefore unclear why Rabbi Auerbach believed that a life of suffering is better then a quick death based on the Talmud in Sotah, when there are other sources that seem to contradict this approach.

The conventional view in Jewish medical ethics, which is upheld by Rabbi Auerbach, is that a person is not the owner of his own body because a person's body is owned by God.[19] Therefore, conceivably,

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[17] *Responsa Iggrot Moshe*, Choshen Mishpat, pt. 2 no.73:1.
[18] *Responsa Minchat Shlomo* pt. 1, chap. 91, 24, no. 2, Rabbi Shlomo Zalman Auerbach, *Consent for Medical Decisions*, *Brakha l'Avraham*, pp. 135–136.
[19] Steinberg, *Encyclopedia of Jewish Medical Ethics*, p. 1055.

one should have no autonomy over medical decisions that pertain to one's own life.[20] This is stated explicitly by Rabbi Yaakov Emden, an eighteenth-century Jewish scholar, who wrote with respect to an individual who refused therapy on Shabbat, that he may be forced to accept treatment:[21]

> In the case of an illness or wound which is exposed and about which the physician has certain knowledge and clear recognition and deals with a proven medication, it is certain that we always, in every matter and manner, impose therapy on a patient who refuses in the face of danger, because the physician has been granted permission [by the Almighty] to cure; for example, to do surgery, to open abscesses, and to splint a limb, even to amputate a limb, in order to rescue the individual from death. In all such cases, we perform the surgery even against the will of the patient because of [the act of] life-saving. We ignore his will if he does not want to suffer and prefers death to life, and we even amputate a full limb if this is necessary to save his life, and we do all that is necessary for the saving of life against the will of the patient. This obligation is incumbent on every individual because of the command to "not stand idly by your friend's blood." And the decision does not depend on the opinion of the patient, and he does not have the right to commit suicide.[22]

Based on many responses of Rabbi Auerbach, however, it seems that autonomy is a viable means to adjudicate medical decisions, and may even be the primary mechanism to do so. In the aforementioned response, Rabbi Auerbach allows a patient to refuse medical care

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[20] Shimon Glick, "Who Decides, the Patient, The Physician, or the Rabbi?" *Jewish Medical Ethics*, no. 1 (www.medethics.org.il/articles/JME/JMEB1/JMEB1.10.asp).

[21] Rabbi Jacob Emden, *Mor u-Ketzi'ah*, Orach Hayim 328.

[22] *Responsa Minchat Shlomo*, pt. 1, chap. 91, 24 no. 2.

and shorten his life rather than accept medical care, and, while living in suffering, have time to study Torah and repent.[23] Thus he permits the substitution of a potentially morally undesirable option, as determined by a literalist application of the supreme value of human life, for a morally preferable one. In another responsum, Rabbi Auerbach allows a terminally ill patient to take a pain reliever (such as morphine)[24] that will lower his breathing rate and therefore shorten his life, using the rationale of *shomer petaim Hashem* (God watches fools) and the commandment to "Love thy neighbor as oneself." [25]

> Being that suffering is very hard on a person and hard to tolerate, as we see from the Talmudic dictum "Had Hananyah, Mishoel, and Azaryah been tortured they would have acceded,"[26] it is evident that we must have mercy on the patient and lessen his suffering and palliate his pains, in particular because it is possible that strong pains weaken and harm a patient more than the medications [to ease the pain]. If the patient is conscious, I believe that it is necessary to tell the patient what

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[23] *Nishmat Avraham*, Yoreh Deah 399 D, no.1, p. 321.

[24] *Responsa Minchat Shlomo Tanina*, chap. 86, no. 2; Shimon Glick, "Questions with Rabbi Shlomo Zalman Auerbach: Shortening the Life of Patients Dangerously Ill," 5757, Schlezinger Institute, Jerusalem, *Assia* 59–60. It should be noted that Rabbi Neventzal argued with this opinion in *Assia*, no. 4, pp. 260–262, "The Giving of Medication to a Dangerously Ill Patient in Order to Lower Their Pain." On the other hand Rabbi Eliezer Waldenberg, who is much more stringent than Rabbi Auerbach with regard to extending life by means of extraordinary measures, does allow the giving of pain medication that will possibly shorten the life of the patient based on the allowance for a physician to heal from the verse "and you shal surely heal" (Jotkowitz, "May It be Your Will That Those Above Overcome Those Below, 1).

[25] Talmud Babli, Ketubot 33b.

[26] *Responsa Minchat Shlomo Tanina*, chap. 86 no. 2, it should be noted that Rabbi Auerbach's position here is very similar to the Catholic concept of double effect (John Paul II, *Euthanasia: On Moral Medicine* [Grand Rapids, Mich: William B. Eerdman's, 1989], p. 443), except that Rabbi Auerbach limits the scope to cases where the medication will not result in the patient's immediate death.

> is being done to him, if in any event he knows his present state. However, even if he is not aware [of his state], in any event, we have found in Talmud [Babli] Sanhedrin 84b, and look at Rashi over there, " 'One shall love thy neighbor as thyself'; Israel was prohibited to do to others what they themselves would not want for themselves." In the case in front of us, any patient would prefer to palliate his pains even if this would hurt his body, therefore we have a presumption that this is the will of the patient. It is self-evident that this is only when the purpose is palliative in nature, and the fact that this hastens his death is likened to a *pesik reisha* [inevitable side-effect] that is undesirable. We also find in the Talmud in many places where people do many things that are dangerous, however, since many treat upon it [i.e., are willing to accept the risk], it is considered *shomer petaim Hashem* [God watches fools]. Since it is the way of all patients to do this, it is good to apply the principle of *shomer petaim Hashem* [God watches fools] in our case, and we must palliate the pain. May God have mercy.[27]

In a recently republished responsum Rabbi Auerbach wrote to Professor Avraham Steinberg, Rabbi Auerbach extended the level of autonomy of a patient even further, in requiring patient consent for medical treatments. Rabbi Auerbach responded to the question of whether a doctor is considered to have performed battery if he or she performs therapy beyond the accepted practice or if there was not appropriate consent: "It seems to me that if the therapy was beyond the accepted therapy, then the doctor has assaulted the patient, even if this was done with the best of intentions."[28] He further states,

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[27] Rabbi Shlomo Zalman Auerbach, *Consent for Medical Decisions*, *Brakha l'Avraham*, pp. 135–136. Rabbi Auerbach said this in reference to the responsuma of Rabbi Emden quoted above, which was quoted in Professor Steinberg's question to Rabbi Auerbach.

[28] Ibid.

"I think that even in a dangerous situation a doctor cannot perform a dangerous surgery, or amputate a hand or foot, without the consent of the patient, even if the doctors are certain that the procedure is necessary. If the patient is unconscious, the family members may consent for the patient based on their assumption of what the patient would want. However, if there is no danger whatsoever, the patient himself must consent."[29] He qualifies this later on in his response, as he notes that there is assumed consent for hospitalized patients for most therapies in the hospital (since they were hospitalized on their own will), but "for a surgery or a difficult [painful] test, consent maybe needed."[30] In contrast to his earlier guidelines requiring specific patient consent, he limits the need for informed consent significantly; a doctor can simply say "This is my recommendation, and if you don't want to follow my advice, you can go to a different doctor or a different hospital."[31] In terms of psychiatric patients, Rabbi Auerbach allows treatment against their will, though it is preferable to obtain a family member's consent.[32, 33]

Professor Steinberg addresses the contradictions raised by Rabbi Auerbach and explains that there is a tension between the obligation to save life and the obligation to alleviate suffering.[34] It seems that the obligation to reduce pain is based on the commandment of "Love thy neighbor as thyself," while the obligation to save a life is

[29] Ibid.
[30] Ibid.
[31] Ibid.
[32] *Nishmat Avraham* quotes Rabbi Auerbach as saying that a pregnant woman can elect to abort a fetus that is endangering her life because she can say, "I don't want to provide nutrition to this fetus because it now endangers my life" (*Nishmat Avraham*, Choshen Mishpat 425 (A) Abortion no. 6, p. 285). This further attests to Rabbi Auerabch's support for autonomy in medical decision-making, even in a case of abortion.
[33] Steinberg, "Rules Governing a Doctor in an ICU," pp. 18 ff.; Steinberg, *Encyclopedia of Jewish Medical Ethics*, p. 1052.
[34] B. Freedman, *Duty and Healing: Foundations of a Jewish Bioethic* (New York: Routledge, 1999), pp. 139–142.

based on "Thou shalt not stand by on thy neighbor's blood." This tension creates a gray area, wherein a patient may decide what he or she wants. Although a person generally is not considered the owner of his or her body, Rabbi Auerbach does not believe that this is a valid reason to restrict the autonomy of a patient. Quite the contrary, he gives the patient a large swath of autonomy approaching that of conventional medical ethicists. Professors Benjamin Freedman and Shimon Glick offer theories that may provide some insight into Rabbi Auerbach's rationale. Freedman explains that although there is a commandment on any Jew to heal a sick person, the obligation is first and foremost on the family.[35] Glick, on the other hand, provides a different understanding of the relationship between the individual and the body. One receives one's body as property from the Almighty and is commanded to look after and eventually return it; therefore one is the steward of the body. As such, it is only natural that the patient, i.e., the guardian, should make intelligent and insightful decisions on the goods he is responsible for, i.e., his body.[36] This is not to say that an individual is given free rein to throw away his life and refuse medical care under normal circumstances. However, in cases where there is a contradiction between the duty of palliating pain and delaying an inevitable or imminent death,[37] the patient is trusted as the arbitrator.[38]

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[35] Glick, "Who Decides, the Patient, the Physician, or the Rabbi?"

[36] It is obvious to Rabbi Auerbach that in cases where one can give the patient anything more then a fleeting extension to life, the "immeasurable value of life" reigns supreme and the patient is forced to accept treatment (*Responsa Minchat Shlomo*, pt. 1, chap. 91, 24 no. 1). This may be based on the *Minchat Chinuch*, quoted there by Rabbi Auerbach, who differentiates between a person who is dying and one who is not dying.

[37] It is possible that Rabbi Auerbach is not fully confident in medical science and believes that a patient may have more intuition into his disease then a physician. As the officiator at Rabbi Auerbach's wedding, Rabbi Abraham Isaac Kook, wrote, "It seems that their words [of doctors] that are established only has a possibility, because even according to themselves things cannot be taken as absolute truth, because there are times that one of them—and sometimes many—who say that this is an absolute truth of medical science, and many decide that it is indeed

Furthermore, we may postulate an answer to the contradiction Rabbi Auerbach posed in his responsum with regard to Shabbat. In the aforementioned responsum, Rabbi Auerbach noted that his position creates a complex reality where we may be permitted to desecrate Shabbat to treat a patient, while the patient is given the autonomy to refuse that very treatment. Perhaps the laws of Shabbat are always set aside for the obligation to save a life, while the concomitant value of avoiding severe pain may allow a patient to refuse treatment. In other words, the rule of "thou shall live by them, and not die by them" precludes the normative Shabbat legislation if the implementation of its laws will lead to a patient's death, even if death is imminent or unavoidable. The patient, however, is not obligated to take the Torah up on this dispensation.

Another point of interest is that Rabbi Auerbach recommends that a patient elect to live a life of suffering rather then have an easy death. The physician, however, can never elect to extend the suffering of a patient, and is instead obligated to reduce suffering, even if it ultimately shortens the patient's life. The implication is that one cannot be righteous at another's expense without that person's permission.

Finally, it may be useful to outline the ethical imperatives of Rabbi Auerbach which may be derived from the discussion above.

1. Immeasurable value of life; this includes:
   a. The sanctity of life as a general ethical consideration.

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the truth, and later on a new generation comes and researches that all their are words are nothing and emptiness, and what one builds another destroys, therefore their words are only an assumption" (*Daat kohen*, chap. 140, p. 259). This is also seen in his approach to allowing medical science to create a new definition of death: "one is not to rely on medical science to establish whether a patient has definitely died, and what a doctor says it is certain to me is a wonder, because the idea of certainty is pertinent only with regard to things that are between a person and his maker; however, [be careful] not to spill the blood of another man" (*Minchat Shlomo* 2–3. *Tanina*, chap. 86, pt. 5, 4 Cheshvan 5753, pt. 2). Rabbi Auerbach's faith in medical science is beyond the scope of this paper.

b. The importance of extending life so that one can take advantage (i.e., via repentance and Torah study).
2. Autonomy—the patient's right to choose between various options.
3. Reducing suffering of a patient—this seems to correlate with the value of beneficence in the vernacular of medical ethics.

In cases where principles intersect, one must carefully investigate and understand the different considerations.

In conclusion, this article summarizes the various responsa of Rabbi Shlomo Zalman Auerbach with regard to end-of-life treatment, and underscores the various axioms that Rabbi Auerbach implemented to adjudicate the cases. What is striking about Rabbi Auerbach's approach is the significance he gives to the patient's wishes in deciding the patient's medical care. Rabbi Auerbach's position likely stems from his entrenchment in the halachic system as well his strong sensitivity to the human condition.