

**HIGH HOLY DAY SERMON 5776:  
Rosh Hashana AM  
Atul Gawande's On Being Mortal  
Rabbi Suzanne Singer**

Judaism is a religion that focuses on life.

The one exception is the High Holy Days when we are meant 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 our mortality, 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 -- or for our loved ones -- who are at the twilight of life, 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.<sup>1</sup> And that is why he urges us to rethink how we treat these members of our society. I know this is familiar to you – so many older people are left alone in "anonymous facilities, their last conscious moments spent with nurses and doctors who barely [know their names.]"<sup>2</sup>

In his recently published book, *Being Mortal: Medicine and What Matters in the End*, 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.<sup>3</sup> "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

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<sup>1</sup> P. 55

<sup>2</sup> P. 14

<sup>3</sup>104-5

lives that are "empty of anything [the elderly care] about."<sup>4</sup>  
He suggests, rather, that doctors ask patients what would be meaningful to them, what would give them the best quality of life.<sup>5</sup>  
In other words, doctors should talk with their patients. 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?"<sup>6</sup>

Conversation, questions, words are fundamental to Judaism. After all, God creates the world with words. During Passover, the seder is conducted through a series of questions. The Talmud, one of our seminal texts, is a 63-volume dialogue between various sages. In fact, seeking to understand what the patient really needs, both physically and mentally, is what the 12<sup>th</sup> century Spanish rabbi and physician, Maimonides, recommends. Here is 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 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.'"<sup>7</sup>

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.<sup>8</sup>  
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

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<sup>4</sup> P. 109.

<sup>5</sup> P. 234

<sup>6</sup> P. 234.

<sup>7</sup> 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*.

<sup>8</sup> P. 234

less likely to require home health services.<sup>9</sup>  
What [the geriatric teams] 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."<sup>10</sup>

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  
like freedom from pain and discomfort, or maintaining  
mental awareness for as long as feasible, or getting out  
with family once in a while..."<sup>11</sup>

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 [do so 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."<sup>12</sup>  
This had an incredible effect on the residents.

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<sup>9</sup> P. 44

<sup>10</sup> P. 45-6

<sup>11</sup> Pp. 160-1.

<sup>12</sup> P. 116

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.'"<sup>13</sup> Anti-depressants were of no help as Mr. L gave up walking and confined himself to bed. --Until -- he was given 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."<sup>14</sup> 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."<sup>15</sup>

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.

Dr. Gawande 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, "Our system of technological medical care has utterly failed to meet these needs, and the cost of this failure is far more than dollars."<sup>16</sup>

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 acceptable to you?

Rabbi Chiyya said: No.

Rabbi Yohanan said: Give me your hand.

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

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<sup>13</sup> P. 124.

<sup>14</sup> P. 125

<sup>15</sup> P. 123

<sup>16</sup> P. 155

Then Rabbi Yohanan became ill.  
Rabbi Chanina came to see him. He said to him:  
Is your suffering acceptable to you?  
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? Is it because you did not study  
enough Torah? But we have learned that it does not matter  
whether you have studied enough Torah, as long as your heart  
is directed toward heaven. Or is it because you are poor?  
But not every man can be wealthy. Is it because  
you didn't have enough children? Well, I have lost 10 children.  
Rabbi Elazar said: No, I am crying because  
we are all going to die.  
Rabbi Yohanan said: Now that is worth crying for.  
So the two of them cried together.  
Then Rabbi Yohanan asked him: Is your suffering acceptable  
to you?  
Rabbi Elazar said: no.  
Rabbi Yohanan said: Give me your hand.  
Rabbi Elazar gave him his hand and he was lifted up.<sup>17</sup>

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  
as Maimonides maintained. 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— he misses the mark.  
Once Rabbi Yohanan can actually ask Rabbi Elazar  
what he is worried about and can really "hear" him,  
then he can offer him what he needs,  
which is an understanding heart and a hand of friendship.

The Jewish healing movement takes this approach as well.  
One of its founders, Rabbi Rachel Cowan, explains,

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<sup>17</sup> B. Talmud, Berakhot 5b

“that even though illness might not be curable,  
there [are] many ways to relieve suffering...  
We [know] that relationships and community  
[are] the key to healing.”<sup>18</sup> Jewish healing movement practitioners...  
sit with us, listen and sing and laugh and tell stories with us.”<sup>19</sup>  
Rabbi Abraham Joshua Heschel believed 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.”<sup>20</sup>

While we can’t expect doctors to be rabbis or priests –  
we can ask them to pay attention to the 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  
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.”<sup>21</sup>  
May doctors heed this call. May we all.  
And may we also do our part – first of all by making our wishes known  
to our doctors and our loved ones.

And secondly, by visiting those who are ill,  
aged or shut in and really listening to them.  
In that way, we too can lift up those in need of healing.  
And God will remember us for a blessing.

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<sup>18</sup> 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

<sup>19</sup> Philip Cushman, PhD, “The Danger of Cure, the Value of Healing,” in *Cutter’s Midrash Medicine*, p. 233

<sup>20</sup> 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.

<sup>21</sup> P. 243